

<i>SERFF Tracking Number:</i>	<i>AEGG-125960351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41189</i>
<i>Company Tracking Number:</i>	<i>CPWL0100</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.301 Current Assumption - Fixed Premium - Single Life</i>
<i>Product Name:</i>	<i>CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE</i>		
<i>Project Name/Number:</i>	<i>CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE/CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE SERFF Tr Num: AEGG-125960351 State: ArkansasLH

TOI: L07G Group Life - Whole

SERFF Status: Closed

State Tr Num: 41189

Sub-TOI: L07G.301 Current Assumption - FixedCo Tr Num: CPWL0100

State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Donna Lambert

Disposition Date: 01/05/2009

Date Submitted: 12/22/2008

Disposition Status: Approved

Implementation Date Requested: 02/03/2009

Implementation Date:

State Filing Description:

General Information

Project Name: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE

Status of Filing in Domicile: Pending

Project Number: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association,
Other

Filing Status Changed: 01/05/2009

State Status Changed: 01/05/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC: 468-86231 FEIN: 39-0989781

NEW GROUP WHOLE LIFE FILING

SERFF Tracking Number: AEGG-125960351 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 41189
Company Tracking Number: CPWL0100
TOI: L07G Group Life - Whole Sub-TOI: L07G.301 Current Assumption - Fixed Premium
- Single Life

Product Name: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE
Project Name/Number: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE/CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE

CPWL0100 Group Master Policy for Interest Sensitive Whole Life Insurance
CCWL0100 Group Certificate for Interest Sensitive Whole Life Insurance
CRADD200 Accidental Death and Dismemberment Rider
CRWPL100 Waiver of Premium Due to Layoff Rider
CWL-AP-01-00 Certificate Application

The above-referenced forms are submitted for your review and approval. These are new forms and are not intended to replace any forms previously approved by the Department. No part of this filing contains unusual or controversial items that vary from normal company or industry standards.

Forms CPWL0100 and CCWL0100 are a group policy and certificate of interest sensitive whole life insurance. Application form CWL-AP-0 1 00 will be used in conjunction with the sale and presentation of the certificates.

The following riders will be selected by the policyholder.

CRADD200 – The Accidental Death and Dismemberment Rider provides benefits to the beneficiary named in the contract if the insured dies as the result of an accidental bodily injury. The benefits will be payable in addition to the applicable death benefit payable under the contract.

This rider also provides the following benefits:

Seatbelt Benefit Air Bag Benefit
Common Carrier Benefit Surviving Spouse Training Benefit
Elder Care Benefit Surviving Child Education Benefit
Child Care Center Benefit Dismemberment Benefit

CRWPL100 – The Waiver of Premium Due to Layoff Rider will be used to waive the monthly premiums on the contract if the owner is placed on layoff status by his or her employer.

The forms listed below were approved by your Department on July 20, 2006, State Tracking Number 32865. With your approval, we would like to use these previously approved forms with the forms submitted with this filing.

SERFF Tracking Number: AEGG-125960351 State: Arkansas
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- Single Life
Product Name: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE
Project Name/Number: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE/CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE

Form Number Form Name

C-EA-01-00 Policy Application

CRCHIL00 Child Level Term Insurance Rider

CRWP0100 Waiver of Premium Benefit Rider

CRISLT00 Level Term Insurance Rider

CRABTI00 Accelerated Death Benefit for Terminal Illness Rider

CDABTI00 Disclosure Upon the Purchase of the Accelerated Death Benefit for Terminal Illness Rider

CRABCC00 Accelerated Death Benefit for Critical Care Condition Rider

CDABCC00 Disclosure Upon the Purchase of the Accelerated Death Benefit for Critical Care Condition Rider

CRABLT00 Accelerated Death Benefit for Long Term Care Rider

CDABLT00 Disclosure Upon the Purchase of the Accelerated Death Benefit for Long Term Care Rider

CREXTB00 Extension of Benefits Rider

CDLTEX00 Disclosure Upon the Purchase of the Accelerated Death Benefit for Long Term Care Rider with Extension of Benefits Rider

An illustration of certificate values will be provided at the point of delivery of the certificate. A sample Illustration is included with this submission.

Please see the attached Explanation of Variables for the ranges of values we will use for text contained in brackets. Minor modifications in paper size, stock, ink, border, Company logo, signatures, and column formatting to accommodate system needs may result.

To the best of our knowledge, this filing is complete and in compliance with the insurance laws of this jurisdiction. If you have any questions, please contact me at the phone number or email address below.

Sincerely,

Donna Lambert, ACS, ACP

Contract Analyst, Paralegal

Product Implementation Department

SERFF Tracking Number: AEGG-125960351 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 41189
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 TOI: L07G Group Life - Whole Sub-TOI: L07G.301 Current Assumption - Fixed Premium
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 Product Name: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE
 Project Name/Number: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE/CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE

Transamerica Life Insurance Company
 Telephone: (800) 400-3042 x1639
 E-Mail: djlambert@aegonusa.com

Company and Contact

Filing Contact Information

Donna Lambert, Contract Analyst djlambert@aegonusa.com
 PO Box 8063 (800) 400-3042 [Phone]
 Little Rock, AR 72203-8063 (501) 227-1097[FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
PO Box 8063	Group Code: 468	Company Type: Life and Health
Little Rock, AR 72203-8063	Group Name:	State ID Number:
(501) 227-1106 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	12/22/2008	24673685

SERFF Tracking Number:	AEGG-125960351	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	41189
Company Tracking Number:	CPWL0100		
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Product Name:	CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE		
Project Name/Number:	CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE/CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/05/2009	01/05/2009

<i>SERFF Tracking Number:</i>	<i>AEGG-125960351</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 01/05/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGG-125960351 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number: 41189

Company Tracking Number: CPWL0100

TOI: L07G Group Life - Whole Sub-TOI: L07G.301 Current Assumption - Fixed Premium
- Single Life

Product Name: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE

Project Name/Number: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE/CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	ILLUSTRATION		Yes
Supporting Document	ACTUARIAL MEMO		No
Supporting Document	EXPLATION OF VARIABLES		Yes
Form	Group Master Policy for Interest Sensitive Whole Life Insurance		Yes
Form	Group Certificate for Interest Sensitive Whole Life Insurance		Yes
Form	Accidental Death and Dismemberment Rider		Yes
Form	Waiver of Premium Due to Layoff Rider		Yes
Form	CERTIFICATE APPLICATION		Yes

SERFF Tracking Number: AEGG-125960351 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number: 41189

Company Tracking Number: CPWL0100

TOI: L07G Group Life - Whole Sub-TOI: L07G.301 Current Assumption - Fixed Premium
- Single Life

Product Name: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE

Project Name/Number: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE/CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE

Form Schedule

Lead Form Number: CPWL0100

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CPWL0100	Policy/Cont	Group Master Policy	Initial		55	CPWL0100 - ISWL Policy - FINAL 12-18-08.pdf
		al	Whole Life Insurance				
		Certificate					
	CCWL0100	Certificate	Group Certificate for	Initial		56	CCWL0100 - ISWL Certificate FINAL 12-19-08.pdf
			Interest Sensitive				
			Whole Life Insurance				
	CRADD200	Certificate	Accidental Death and	Initial		50	CRADD200 ADD Rider FINAL 12-19-08.pdf
		Amendmen	Dismemberment				
		t, Insert	Rider				
		Page,					
		Endorseme					
		nt or Rider					
	CRWPL100	Certificate	Waiver of Premium	Initial		62	CRWPL100 - Waiver of Premium Due to Layoff Rider - FINAL 12-18-08.pdf
		Amendmen	Due to Layoff Rider				
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	CWL-AP-01-00	Application/	CERTIFICATE	Initial		56	CWL-AP-01-00-jd-121808.pdf
		Enrollment	APPLICATION				
		Form					

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [4333 Edgewood Road NE, Cedar Rapids, IA 52499]

A Stock Company

Group Master Policyholder: [ABC Eligible Group]

Address: [123 Any Street
Any City]

Policy Number: [0123456789]

Effective Date: [January 1, 2009]

Anniversary Date: [January 1]

Governing Jurisdiction: [Any State]

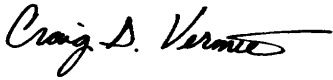
Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this Group Master Policy, subject to all terms, conditions, and limitations. This Group Master Policy provides interest sensitive whole life insurance to eligible employees or members of the Group Master Policyholder.

By our acceptance of the first premium paid by the Group Master Policyholder ("you," "your," and "yours") and by your receipt of this Group Master Policy, you agree:

1. To be bound by the terms of this Group Master Policy; and
2. To pay all premiums to us according to the terms of this Group Master Policy.

This Group Master Policy is subject to the laws of the governing jurisdiction in which it is issued. This is not a policy of workers' compensation insurance.

This Policy is signed for the Company at our Home Office to take effect on the Policy's Effective Date.

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[General Counsel and Secretary]

[]

[President]

Group Master Policy for Interest Sensitive Whole Life Insurance

**Fixed Premiums Payable During the Life of the Insured to the Maturity Date
Life Insurance Proceeds Payable at Death of Insured Prior to the Maturity Date
Life Insurance Proceeds and Accumulation Value May Vary
Cash Surrender Value, if any, Payable at the Maturity Date
Nonparticipating - No Annual Dividends**

Administrative Office:
[1400 Centerview Drive, PO Box 8063
Little Rock, AR 72203-8063]

For Customer Service: [1-888-763-7474]

GROUP MASTER POLICY

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INSURANCE SCHEDULE

[ELIGIBILITY TO PARTICIPATE IN INSURANCE PROGRAM

Employees or Members, Spouse, and Dependent Child or Children must meet the eligibility issue Age requirements and answer any required questions in the Application. The eligibility requirements may be waived or modified by mutual agreement between the Policyholder and us.

Employee or Member

In order to participate in the insurance program, the employee or member must meet the following requirements:

1. Must be within the Age range of 16 through Age [70].
2. Must be actively at work and performing the regular duties of his or her job in the usual manner and at the usual place of employment on the date the application is signed to participate in the insurance program.
3. Must meet eligibility requirements as selected on the Policyholder's application.

Spouse

If spouse coverage is provided under this Policy, the employee or member may select dependent coverage on his or her spouse. The spouse must satisfy the following requirements:

1. Must be within the Age range of 16 through Age [65].
2. Must be legally married to the employee or member as determined by the laws of the state in which he or she and the employee or member live.
3. Must not be disabled.
4. Must not have been hospitalized within six months prior to the date of application for insurance.
5. Must be actively performing the regular duties of his or her job in the usual manner and at the usual place of employment or business. If not employed, a spouse must be able to perform the normal activities of a person of the same Age and gender.
6. Must not be eligible as an employee or member under this Policy. If eligible as such, the spouse would need to meet the requirements, above, as an employee or member.

Dependent Child or Children

If dependent child coverage is provided under this Policy, the employee or member may select dependent coverage on his or her child or children. The dependent child or children must satisfy the following requirements:

1. Must be within the Age range of [15 days] through Age [24].
2. Must be unmarried, financially dependent on the employee or member, and be:
 - a. a natural child or grandchild; or
 - b. a legally adopted child, or a child for whom adoption proceedings have been started; or
 - c. a child living with the employee or member as a stepchild or a child for whom the employee or member has been appointed as legal guardian.
3. Must not be disabled.
4. Must not have been hospitalized within six months prior to the date of application for insurance.
5. Must only be covered under one employee or member. (If the employee or member and his or her spouse are both eligible as an employee or member under this Policy, there is no spouse coverage. Dependent child or children may only be covered under one parent's coverage.)
6. Must not be eligible for coverage as an employee or member under this Policy. If eligible as such, the child would need to meet the requirements, above, as an employee or member.]

[EVIDENCE OF INSURABILITY]

We may ask for evidence of insurability if a proposed insured:

1. Applies for this insurance after 31 days of becoming eligible for coverage or if the amount of insurance coverage is increased.
2. Applies for an amount of life insurance in excess of the guaranteed issue limit, if applicable.
3. Applies for reinstatement of life insurance coverage after such coverage has terminated.
4. Does not otherwise meet the eligibility requirements.]

[EFFECTIVE DATE OF COVERAGE]

An eligible employee or member must apply for this insurance on a form approved by us, and agree in writing to pay the required premium contributions. Coverage for an eligible employee or member and his or her dependents, if elected, starts on:

1. The Policy's Effective Date, for applications submitted and approved by us prior to the Policy's Effective Date. Under no circumstances will coverage be effective prior to the Policy's Effective Date.
2. The Application date, for Applications submitted after the Policy's Effective Date that do not require evidence of insurability, provided the proposed insured is found acceptable for such insurance.
3. The date we approve the application for coverage, for applications submitted after the Policy's Effective Date for which we do require evidence of insurability.]

[ISSUE LIMITS]**Guaranteed issue limits: (subject to eligibility requirements)**

Insured* Certificate	Spouse* Certificate	Dependent Child**** Certificate
«GIEE»	«GISP»	«GIDEP»

*The maximum Face Amount allowed on each Insured Certificate is [\$100,000].

Conditional guaranteed issue limits: (subject to eligibility and evidence of insurability part 1 requirements)

Insured* Certificate	Spouse* Certificate	Dependent Child**** Certificate
«CGIEE»	«CGISP»	«CGIDEP»

*The maximum Face Amount allowed on each Insured Certificate is [\$100,000].

Simplified issue limits: (subject to eligibility and evidence of insurability part 1 and 2 requirements)

Insured** Certificate	Spouse*** Certificate	Dependent Child**** Certificate
«SIEE»	«SISP»	«SIDEP»

**The maximum Face Amount allowed on each Insured Certificate is [\$200,000].

***The maximum Face Amount allowed on Insured Spouse Certificate is [\$100,000].

****The maximum Face Amount allowed on Insured Child Certificate is [\$25,000].

Minimum issue limits:

Employee Certificate		Spouse Certificate		Dependent Child Certificate	
Premium	Face Amount	Premium	Face Amount	Premium	Face Amount
«EEMIN»	«EEMINFACE»	«SPMIN»	«SPMINFACE»	«DEPMIN»	«DEPMINFACE»

1

DEFINITIONS

Age – The Insured's Age as it appears on the Certificate's Contract Data Pages is the Age of the Insured as of the Certificate's Effective Date. The Insured's Age will increase by one year on each Certificate Anniversary Date.

Amendment, Endorsement, or Rider – Any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provision or benefit.

Anniversary Date – The month and date of each year that is the same month and date as the contract's Effective Date. When any date is referred to, the effective time will be 12:01 AM at your address.

Application – The form completed and signed to apply for this life insurance coverage.

Calendar Year – Twelve months starting with January 1 and ending on December 31 of each year.

Certificate – The document distributed to each Owner that describes the life insurance coverage under this Policy.

Death Benefit - The amount of insurance prior to distribution as Life Insurance Proceeds.

Effective Date – The date when coverage is in force.

Group Master Policy or Policy – This document that is issued to the Policyholder.

Group Master Policyholder or Policyholder – The group entity named on the Cover Page to which this Policy is issued.

Insured – The person covered for life insurance under the terms of this Policy.

Lapse – Termination of this Policy for the nonpayment or insufficient payment of premiums due, subject to the terms of the Grace Period provision.

Life Insurance Proceeds or Proceeds - The amount payable upon the Insured's death, subject to any adjustments as described in the Certificate's Amount of Proceeds provision in the Payment of Life Insurance Proceeds section.

Monthly Date – The date of each month that is the same as the contract's Anniversary Date.

Owner – The person or entity named on the Certificate's Contract Data Pages to which the Certificate is issued, unless amended to transfer ownership.

PREMIUM PROVISIONS

Policy Premiums - The premiums due will be the sum of the premiums due for all Insureds who are covered under the terms of the Policy Number shown on the Cover Page of this Policy.

The amount of the premium for each Insured is shown on the Certificate's Contract Data Pages.

Premium Due Dates - Premiums are due and payable to us by you on each premium due date. The first premium due date is the Policy's Effective Date.

Grace Period for Paying Premiums - You have a Grace Period of 31 days from each premium due date, except the first, in which to pay the premium then due. Coverage will continue during the Grace Period. You are liable for the premium due during the Grace Period.

Change in Premium Rates - We have the right to change the premium rates on any premium due date after the first premium payment. We will provide you with written notice at least 60 days in advance of any such change in the premium rates.

POLICY CHANGES, TERMINATION, AND REINSTATEMENT

Who May Change this Policy - The terms of this Policy may be changed at any time by written agreement between you and us. The insurance provided by this Policy may be changed or canceled without the consent of any Insured and without prior notice to any Insured. Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Policy and then only in writing. No agent or Policyholder has authority to change this Policy or to waive any of its provisions. All changes are subject to the laws of the governing jurisdiction.

When Policy Changes are Effective - Unless agreed otherwise in writing, the Effective Date of any change in benefits will be the first day of the calendar month that next follows the date we send notice to you of the change in benefits and any corresponding change in premium rates.

When Policy Ends - This Policy will terminate at the earliest of the following events:

1. If any premium payable is not paid within its Grace Period, this Policy will terminate on the day after the end of the Grace Period;
2. If you submit a 60-day advance written request to us to terminate the Policy, this Policy will terminate on the date specified in such request;
3. If we give you a 60-day advance written notice that we intend to terminate the Policy, this Policy will terminate on the date specified in such notice;
4. If you fail to comply with any terms of the Policy, or fail to fulfill any obligations under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this Policy will terminate on the 32nd day after we have given you written notice of our intent to terminate.

When Policy May Be Reinstated – At our sole discretion, we may reinstate the Policy which has terminated if requested to do so by the Policyholder.

POLICYHOLDER PROVISIONS

Duties - Your duties will include, but are not limited to, the following:

1. Provide us with any and all information we determine to be necessary for the enrollment of your employees or members for the determination of their eligibility. You must provide us with all data we need to underwrite the coverage, to compute premiums, to maintain necessary administrative records, and to generally administer this Policy.
2. Provide us with your employees' or members' completed Applications or enrollment forms on forms acceptable to us.
3. Honor any payroll deduction or list bill authorization forms signed by your employees or members, and pay the premiums to us when due.
4. Maintain insurance records of all premiums deducted for your employees or members while this Policy is in force. For two years after this Policy terminates, you must allow us the opportunity to examine these records at any reasonable time during normal business hours.
5. Cooperate fully with us in preparing and/or delivering any notices to your employees or members regarding this insurance.

Certificates - We will send Certificates directly to the Owners. The Certificates will describe the life insurance coverage provided by this Policy and Certificate.

Inspection of Policy - You must make this Policy available for inspection by your employees or members at all reasonable times during normal business hours.

Notice of Right to Continue Coverage - You are required to give each Insured a notice of the right to continue coverage after an Insured ceases to be eligible for coverage under this Policy. Details are set forth in the Portability Option section of the Certificate.

GENERAL PROVISIONS

Entire Contract - The Entire Contract consists of this Policy, any attached Amendments, Endorsements, or Riders, and your Application.

Policyholder is an Agent of the Insured - For all purposes related to the insurance issued under this Policy, you act as an agent of the Insured. You do not, therefore, act as our agent for any purposes related to insurance issued under this Policy.

Right to Contest - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Policy or any Certificate after it has been in force for two years from its Effective Date. Any such statement would have to be in a signed form. This also applies to all Riders. For any increase in the Face Amount, our two-year right to contest starts anew, but will only apply to the amount of the increase.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

Adjustments in the Event of Clerical Error - Clerical error will not void insurance otherwise validly in force; nor will it continue or make insurance valid that otherwise would cease or would never have been issued.

Adjustments in the Event of Error in Age or Tobacco Use - If the Age or tobacco use status of any Insured is misstated on the Application for this insurance coverage, we will adjust the Death Benefit to reflect the amount that the most recent Monthly Deduction would buy at the Insured's correct Age or tobacco use status.

No Dividends Payable - This Policy does not participate in the profits or surplus earnings of the Company.

Money Payable - All sums payable by or to us will be paid in the lawful currency of the United States of America.

Time Effective - For any dates used in this Policy, the effective time will be 12:01 AM at your address.

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY

The remainder of this Policy consists of the provisions that appear in the Certificate (including any Amendments, Endorsements, or Riders) that describe the insurance made available to your employees or members (and their dependents, if applicable) under this Policy.

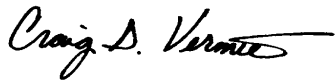
TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [4333 Edgewood Road NE, Cedar Rapids, IA 52499]

A Stock Company

Subject to the provisions of this Certificate and receipt of due proof of the Insured's death, Transamerica Life Insurance Company ("the Company," "we," "us," and "our") will pay the Life Insurance Proceeds ("Proceeds") in a lump sum to the Beneficiary if the Insured dies prior to the Maturity Date. If the Insured is living on the Maturity Date, and this Certificate remains in force, we will pay the Cash Surrender Value, if any, to the Owner ("you," "your," and "yours").

This Certificate is signed for the Company at our Home Office to take effect on its Effective Date.

[]

[General Counsel and Secretary]

[]

[President]

YOU HAVE PURCHASED LIFE INSURANCE AS DESCRIBED IN THIS CERTIFICATE. PLEASE REVIEW IT CAREFULLY FOR LIMITATIONS.

THIS CERTIFICATE MAY BE RETURNED WITHIN 30 DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL REFUND OF PREMIUMS PAID, EITHER BY RETURNING THE CERTIFICATE TO THE AGENT OR TO US. AFTER 30 DAYS, CANCELLATION MAY RESULT IN A SUBSTANTIAL PENALTY KNOWN AS A SURRENDER CHARGE. **YOU WILL INCUR SURRENDER CHARGES IF COVERAGE IS TERMINATED WITHIN THE SURRENDER CHARGE PERIOD.** THE TABLE OF SURRENDER CHARGES CAN BE FOUND IN THE TABLES SECTION OF THE CONTRACT DATA PAGES.

THE EFFECTIVE DATE CAN BE FOUND ON THE CONTRACT DATA PAGES.

Group Certificate for Interest Sensitive Whole Life Insurance

**Fixed Premiums Payable During the Life of the Insured to the Maturity Date
Life Insurance Proceeds Payable at Death of Insured Prior to the Maturity Date
Life Insurance Proceeds and Accumulation Value May Vary
Cash Surrender Value, if any, Payable at the Maturity Date
Nonparticipating - No Annual Dividends**

Administrative Office:
[1400 Centerview Drive, PO Box 8063
Little Rock, AR 72203-8063]

For Customer Service: [1-888-763-7474]

CERTIFICATE SUMMARY
PLEASE READ YOUR CERTIFICATE CAREFULLY.

This Certificate summarizes the insurance coverage provided under the Group Master Policy that we issued to the Group Master Policyholder. We have issued this Certificate based on information that enabled us to determine that the Insured met all of the eligibility requirements set forth in the Group Master Policy. A copy of the Group Master Policy is on file with the Group Master Policyholder and may be examined at any reasonable time during normal business hours.

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CONTRACT DATA PAGES

INSURED	[JOHN DOE]	CONTRACT NUMBER	[999999999]
FACE AMOUNT	[\$50,000]	PREMIUM PAYMENT	[\$131.98 MONTHLY]
INSURED ISSUE AGE	[35]	PAYABLE TO	[AGE 100]
EFFECTIVE DATE	[JAN 01, 2009]	OWNER	[THE INSURED]
CLASS OF RISK	[TOBACCO]	MATURITY DATE	[JAN 01, 2074]

PLEASE NOTE THAT COVERAGE MAY EXPIRE BEFORE THE MATURITY DATE IF PREMIUMS ARE NOT PAID WHEN DUE.

THE MONTHLY PREMIUM INCLUDES THE PREMIUMS FOR ANY RIDERS.

GUARANTEED MAXIMUM MONTHLY ADMINISTRATIVE FEE: \$[0.77] PER \$1,000 OF FACE AMOUNT (YEARS [1-65])

GUARANTEED MINIMUM INTEREST RATE FOR ACCUMULATION VALUE: [4]% FOR ANY ONE YEAR

PLEASE REFER TO THE COST OF INSURANCE (COI) PROVISION FOR A DESCRIPTION OF HOW THE COI IS CALCULATED. THE TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES IS LOCATED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES. GUARANTEED COST OF INSURANCE RATES ARE BASED ON THE 2001 CSO GENDER BLENDED (80% MALE), AGE LAST BIRTHDAY, ULTIMATE, [SMOKER] MORTALITY TABLES.

REINSTATEMENT PREMIUM: ALL PAST DUE PREMIUMS PLUS INTEREST OF [6]% PER CONTRACT YEAR, COMPOUNDED ANNUALLY

ACCUMULATION VALUE UPON REINSTATEMENT: [4]% CURRENT INTEREST CREDITING RATE

INTEREST RATE ON ACCUMULATION VALUE SECURING LOANS: [5.5]% EFFECTIVE ANNUAL INTEREST RATE

LOAN INTEREST RATE: [8% (7.40% IN ADVANCE)]

CONTRACT DATA PAGES (Continued)
SCHEDULE OF ADDITIONAL BENEFIT RIDERS

THE GUARANTEED MONTHLY CHARGE FROM THE ACCUMULATION VALUE FOR ANY ADDITIONAL BENEFITS WHICH ARE PROVIDED BY RIDER IS SHOWN BELOW. ONLY A BRIEF DESCRIPTION IS GIVEN. THE COMPLETE PROVISIONS ARE INCLUDED IN THE RIDER.

RIDER NUMBER	SCHEDULE OF ADDITIONAL BENEFIT RIDERS	MONTHLY CHARGE
[CRADD200]	ACCIDENTAL DEATH BENEFIT RIDER ACCIDENTAL DEATH AMOUNT: [\$50,000] SEATBELT BENEFIT: [10]% OF ACCIDENTAL DEATH AMOUNT AIR BAG BENEFIT: [5]% OF ACCIDENTAL DEATH AMOUNT COMMON CARRIER BENEFIT: [100]% OF ACCIDENTAL DEATH AMOUNT]	\$[3.00]
[CRISLT00]	LEVEL TERM INSURANCE RIDER INSURED: [JOHN DOE] TERM INSURANCE AMOUNT: [\$25,000] TERM PERIOD: [10] YEARS	\$[9.21]
[CRISLT00]	SPOUSE: [JANE DOE] TERM INSURANCE AMOUNT: [\$20,000] TERM PERIOD: [20] YEARS	\$[9.45]
[CRCHIL00]	CHILD LEVEL TERM INSURANCE RIDER EACH CHILD: [\$10,000]	\$[2.50]
[CRWP0100]	WAIVER OF PREMIUM BENEFIT RIDER WAIVER AMOUNT: [\$44.50]	\$[7.70]
[CRWPL100]	WAIVER OF PREMIUM DUE TO LAYOFF RIDER	\$[0.04]
[CRABLT00]	ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER FACE AMOUNT: [\$50,000] GUARANTEED MONTHLY COST OF INSURANCE RATE PER \$1,000 FOR ALL YEARS: [0.0975] MONTHLY ACCELERATED DEATH BENEFIT FOR CONFINEMENT PERCENTAGE: [4]% MONTHLY ACCELERATED DEATH BENEFIT FOR HOME CARE OR ADULT DAY CARE: [2]% ELIMINATION PERIOD: [90] DAYS]	\$[3.83]
[CREXTB00]	EXTENSION OF BENEFIT RIDER GUARANTEED MONTHLY COST OF INSURANCE RATE PER \$1,000 FOR ALL YEARS: [0.0700]	\$[2.00]
[CRABTI00]	ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER FACE AMOUNT: [\$50,000] MAXIMUM PERCENTAGE OF DEATH BENEFIT: [50%]	\$[0.00]
[CRABCC00]	ACCELERATED DEATH BENEFIT FOR CRITICAL CARE CONDITION RIDER FACE AMOUNT: [\$50,000] GUARANTEED MONTHLY COST OF INSURANCE RATE PER \$1,000 FOR ALL YEARS: [0.72167] PLEASE NOTE THAT THE MAXIMUM CRITICAL CARE PERCENTAGE IS [100%]. THE CRITICAL CARE PERCENTAGE MAY BE LESS THAN [100%] IF THIS CERTIFICATE FACE AMOUNT IS INCREASED WITHOUT A PROPORTIONAL INCREASE IN THE CRITICAL CARE RIDER FACE AMOUNT. THE CRITICAL CARE RIDER FACE AMOUNT WILL NOT EXCEED \$[100,000.00.]	\$[27.83]

CONTRACT DATA PAGES (Continued)

CURRENT COI RATES, ADMINISTRATIVE FEES, RIDER CHARGES AND INTEREST RATES ARE IN EFFECT. THEY ARE NOT GUARANTEED, NOR ARE THEY ESTIMATES OR PROMISES FOR THE FUTURE. ADMINISTRATIVE FEES MAY BE LESS THAN THE MAXIMUM GUARANTEED AMOUNT, BUT WILL NEVER BE MORE THAN THE MAXIMUM GUARANTEED AMOUNT SHOWN ON THE CONTRACT DATA PAGES.

PLEASE REFER TO OPTION 1 IN THE NONFORFEITURE OPTIONS FOR A DESCRIPTION OF HOW THE SURRENDER CHARGE IS CALCULATED. SURRENDER CHARGES ARE COMPUTED SEPARATELY FOR THE ORIGINAL FACE AMOUNT AND EACH INCREASE IN FACE AMOUNT AND THEN COMBINED. THE TABLE OF SURRENDER CHARGE FACTORS IS LOCATED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES. PLEASE USE THE SURRENDER CHARGE BASE FOR THE CLASS OF RISK AND ISSUE AGE OF THE INSURED ON THE EFFECTIVE DATE OF COVERAGE, AND THE CONTRACT YEAR PERCENTAGE FROM THE EFFECTIVE DATE OF COVERAGE FROM THE TABLE OF SURRENDER CHARGE FACTORS TO DETERMINE THE APPLICABLE SURRENDER CHARGE IN ANY GIVEN YEAR.

THE INTEREST RATE APPLICABLE TO THE ACCUMULATION VALUE SECURING ANY LOAN(S) MAY DIFFER FROM THE INTEREST RATE APPLICABLE TO THE ACCUMULATION VALUE NOT SECURING THE LOAN(S).

THE FOLLOWING TABLES ARE INCLUDED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES:

- TABLE OF GUARANTEED CONTRACT VALUES
- TABLE OF SURRENDER CHARGE BASE FACTORS PER \$1,000 OF FACE AMOUNT
- TABLE OF SURRENDER CHARGE FACTORS
- TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES PER \$1,000
- TABLE OF DEATH BENEFIT FACTORS
- TABLE OF MAXIMUM NET SINGLE PREMIUMS (NSP) FOR PAID UP LIFE INSURANCE

CONTRACT DATA PAGES (Continued)

TABLE OF GUARANTEED CONTRACT VALUES

END OF CONTRACT YEAR	AGE OF INSURED	GUARANTEED CASH VALUE	EXTENDED TERM INSURANCE		PAID-UP INSURANCE
			YEARS	DAYS	
1	[36	[\$0.00	[0	[0	[\$0.00
2	37	0.00	0	0	0.00
3	38	294.00	1	115	1,441.00
4	39	815.00	4	131	3,835.00
5	40	1,354.00	6	235	6,125.00
6	41	1,912.00	8	197	8,312.00
7	42	2,488.00	10	61	10,397.00
8	43	3,080.00	11	161	12,380.00
9	44	3,687.00	12	154	14,263.00
10	45	4,308.00	13	79	16,049.00
11	46	4,944.00	13	327	17,746.00
12	47	5,597.00	14	162	19,362.00
13	48	6,269.00	14	317	20,908.00
14	49	6,964.00	15	64	22,396.00
15	50	7,681.00	15	147	23,821.00
16	51	8,814.00	15	211	25,185.00
17	52	9,171.00	15	261	26,483.00
18	53	9,937.00	15	301	27,714.00
19	54	10,714.00	15	333	28,880.00
20	55]	11,498.00	15	356	29,978.00
	@55	11,498.00	15	356	29,978.00
	@60	15,554.00	15	302	34,681.00
	@65	19,753.00]	15]	40]	38,302.00]

THESE VALUES ARE AS OF THE END OF THE CONTRACT YEAR SHOWN. THEY ASSUME THAT ALL PREMIUMS DUE HAVE BEEN PAID TO THE END OF THE CONTRACT YEAR SHOWN AND THERE IS NO LOAN BALANCE OUTSTANDING.

GUARANTEED CASH VALUES, PAID UP LIFE INSURANCE BENEFITS AND EXTENDED TERM INSURANCE BENEFITS ARE BASED ON THE 2001 CSO GENDER BLENDED (80% MALE), AGE LAST BIRTHDAY, ULTIMATE, [SMOKER] MORTALITY TABLES AND 5% ANNUAL INTEREST.

CONTRACT DATA PAGES (Continued)

TABLE OF SURRENDER CHARGE BASE FACTORS
SURRENDER CHARGE (SC) BASE PER \$1,000 FACE AMOUNT
NONTOBACCO, TOBACCO, AND COMPOSITE

NONTOBACCO				TOBACCO				COMPOSITE	
ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE
0	N/A	36	19.11	0	N/A	36	22.57	0	11.26
1	N/A	37	19.62	1	N/A	37	23.26	1	11.32
2	N/A	38	20.16	2	N/A	38	23.98	2	11.41
3	N/A	39	20.73	3	N/A	39	24.74	3	11.50
4	N/A	40	21.33	4	N/A	40	25.55	4	11.61
5	N/A	41	21.97	5	N/A	41	26.41	5	11.72
6	N/A	42	22.64	6	N/A	42	27.32	6	11.84
7	N/A	43	23.36	7	N/A	43	28.27	7	11.97
8	N/A	44	24.11	8	N/A	44	29.28	8	12.10
9	N/A	45	24.91	9	N/A	45	30.33	9	12.24
10	N/A	46	25.75	10	N/A	46	31.44	10	12.39
11	N/A	47	26.64	11	N/A	47	32.61	11	12.54
12	N/A	48	27.59	12	N/A	48	33.85	12	12.70
13	N/A	49	28.59	13	N/A	49	35.17	13	12.87
14	N/A	50	29.66	14	N/A	50	36.57	14	13.04
15	N/A	51	30.81	15	N/A	51	38.07	15	13.22
16	13.22	52	32.02	16	14.60	52	39.66	16	13.40
17	13.39	53	33.31	17	14.85	53	41.34	17	13.59
18	13.57	54	34.69	18	15.10	54	43.12	18	13.77
19	13.76	55	36.14	19	15.36	55	44.98	19	13.97
20	13.95	56	37.67	20	15.64	56	46.94	20	14.17
21	14.16	57	39.30	21	15.92	57	47.89	21	14.39
22	14.37	58	41.03	22	16.22	58	47.88	22	14.61
23	14.60	59	42.87	23	16.53	59	47.87	23	14.85
24	14.84	60	44.84	24	16.86	60	47.86	24	15.11
25	15.10	61	46.95	25	17.21	61	47.86	25	15.37
26	15.37	62	47.85	26	17.57	62	47.86		
27	15.65	63	47.85	27	17.95	63	47.86		
28	15.95	64	47.84	28	18.34	64	47.86		
29	16.27	65	47.82	29	18.77	65	47.85		
30	16.60	66	47.80	30	19.22	66	47.83		
31	16.96	67	47.77	31	19.69	67	47.80		
32	17.34	68	47.73	32	20.20	68	47.76		
33	17.75	69	47.69	33	20.75	69	47.71		
34	18.18	70	47.64	34	21.32	70	47.66		
35	18.63			35	21.93				

N/A = NOT APPLICABLE. SEE THE COMPOSITE COLUMNS FOR ISSUE AGES 0 -15.

CONTRACT DATA PAGES (Continued)

TABLE OF SURRENDER CHARGE FACTORS CONTRACT YEAR PERCENTAGES NONTOBACCO, TOBACCO, AND COMPOSITE

CONTRACT YEAR	PERCENTAGE
1	100%
2	95%
3	90%
4	85%
5	80%
6	75%
7	70%
8	65%
9	60%
10	55%
11	50%
12	45%
13	40%
14	35%
15	30%
16	25%
17	20%
18	15%
19	5%
20+	0

CONTRACT DATA PAGES (Continued)

TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES
PER \$1,000*
NONTOBACCO

INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE	INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE	INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE
0	N/A	40	0.12167	80	5.45333
1	N/A	41	0.13167	81	6.06500
2	N/A	42	0.14417	82	6.70917
3	N/A	43	0.15833	83	7.40500
4	N/A	44	0.17500	84	8.17333
5	N/A	45	0.19250	85	9.00750
6	N/A	46	0.21083	86	9.92833
7	N/A	47	0.22667	87	10.94333
8	N/A	48	0.24083	88	12.00917
9	N/A	49	0.25833	89	13.09917
10	N/A	50	0.28000	90	14.08750
11	N/A	51	0.30667	91	15.01750
12	N/A	52	0.33833	92	16.09167
13	N/A	53	0.37500	93	17.32750
14	N/A	54	0.42000	94	18.74167
15	N/A	55	0.47000	95	20.22750
16	0.05833	56	0.52250	96	21.70667
17	0.06500	57	0.57417	97	22.94333
18	0.06833	58	0.62583	98	23.92167
19	0.07000	59	0.68500	99	25.23750
20	0.07083	60	0.75583		
21	0.07083	61	0.84083		
22	0.07167	62	0.93917		
23	0.07250	63	1.04500		
24	0.07333	64	1.15667		
25	0.07500	65	1.27250		
26	0.07833	66	1.39167		
27	0.08083	67	1.51750		
28	0.08000	68	1.65083		
29	0.07917	69	1.79917		
30	0.07833	70	1.97167		
31	0.07833	71	2.18000		
32	0.08000	72	2.42083		
33	0.08250	73	2.67583		
34	0.08583	74	2.94917		
35	0.09000	75	3.24667		
36	0.09500	76	3.58083		
37	0.10083	77	3.96583		
38	0.10667	78	4.40750		
39	0.11333	79	4.89917		

N/A = NOT APPLICABLE.

* TO DETERMINE THE AMOUNT OF THE MONTHLY COST OF INSURANCE DURING EACH CONTRACT YEAR, SEE THE COST OF INSURANCE (COI) PROVISION.

CONTRACT DATA PAGES (Continued)

TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES
PER \$1,000*
TOBACCO

INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE	INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE	INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE
0	N/A	40	0.23000	80	7.38750
1	N/A	41	0.25083	81	8.09500
2	N/A	42	0.27583	82	8.82000
3	N/A	43	0.30583	83	9.58417
4	N/A	44	0.33917	84	10.43083
5	N/A	45	0.37333	85	11.35000
6	N/A	46	0.40833	86	12.34833
7	N/A	47	0.44000	87	13.43417
8	N/A	48	0.46667	88	14.54500
9	N/A	49	0.50083	89	15.64083
10	N/A	50	0.54167	90	16.56917
11	N/A	51	0.59333	91	17.38500
12	N/A	52	0.65500	92	18.32667
13	N/A	53	0.72667	93	19.39167
14	N/A	54	0.81083	94	20.68000
15	N/A	55	0.90000	95	22.11500
16	0.06500	56	0.99417	96	23.50500
17	0.07667	57	1.08167	97	24.60333
18	0.08500	58	1.16667	98	25.38333
19	0.09083	59	1.26500	99	26.51000
20	0.09667	60	1.38167		
21	0.10167	61	1.52250		
22	0.10583	62	1.68250		
23	0.11167	63	1.85250		
24	0.11833	64	2.02417		
25	0.12417	65	2.19333		
26	0.13083	66	2.36083		
27	0.13583	67	2.53333		
28	0.13667	68	2.71083		
29	0.13750	69	2.90583		
30	0.13833	70	3.12917		
31	0.14000	71	3.40000		
32	0.14333	72	3.70917		
33	0.14917	73	4.02500		
34	0.15583	74	4.36583		
35	0.16333	75	4.74000		
36	0.17333	76	5.15250		
37	0.18500	77	5.62333		
38	0.19833	78	6.15583		
39	0.21250	79	6.73833		

N/A = NOT APPLICABLE.

* TO DETERMINE THE AMOUNT OF THE MONTHLY COI DURING EACH CONTRACT YEAR, SEE THE COST OF INSURANCE (COI) PROVISION.

CONTRACT DATA PAGES (Continued)

**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES
PER \$1,000*
COMPOSITE**

INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE	INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE	INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE
0	0.05500	40	0.13667	80	5.62167
1	0.03583	41	0.14833	81	6.23750
2	0.02583	42	0.16250	82	6.88333
3	0.02000	43	0.17917	83	7.57833
4	0.01750	44	0.19750	84	8.34750
5	0.01667	45	0.21750	85	9.18167
6	0.01750	46	0.23833	86	10.10167
7	0.01833	47	0.25583	87	11.11250
8	0.01833	48	0.27167	88	12.17417
9	0.01917	49	0.29083	89	13.25417
10	0.01917	50	0.31417	90	14.22583
11	0.02250	51	0.34417	91	15.13667
12	0.02750	52	0.37917	92	16.19250
13	0.03167	53	0.42083	93	17.40750
14	0.04083	54	0.47000	94	18.80750
15	0.05000	55	0.52417	95	20.28583
16	0.05917	56	0.58250	96	21.75667
17	0.06667	57	0.63833	97	22.97583
18	0.07083	58	0.69333	98	23.92917
19	0.07333	59	0.75667	99	25.23750
20	0.07417	60	0.83167		
21	0.07583	61	0.92250		
22	0.07667	62	1.02667		
23	0.07750	63	1.13917		
24	0.07917	64	1.25750		
25	0.08167	65	1.38000		
26	0.08583	66	1.50417		
27	0.08833	67	1.63500		
28	0.08833	68	1.77250		
29	0.08750	69	1.92500		
30	0.08750	70	2.10000		
31	0.08750	71	2.31167		
32	0.08917	72	2.55583		
33	0.09167	73	2.81250		
34	0.09500	74	3.08917		
35	0.09917	75	3.39250		
36	0.10500	76	3.73083		
37	0.11167	77	4.12083		
38	0.11917	78	4.56750		
39	0.12750	79	5.06333		

* TO DETERMINE THE AMOUNT OF THE MONTHLY COST OF INSURANCE DURING EACH CONTRACT YEAR, SEE THE COST OF INSURANCE (COI) PROVISION.

CONTRACT DATA PAGES (Continued)

TABLE OF DEATH BENEFIT FACTORS NONTOBACCO

INSURED'S ATTAINED AGE	FACTOR	INSURED'S ATTAINED AGE	FACTOR	INSURED'S ATTAINED AGE	FACTOR
0	N/A	34	7.41	68	2.01
1	N/A	35	7.10	69	1.95
2	N/A	36	6.80	70	1.89
3	N/A	37	6.52	71	1.84
4	N/A	38	6.25	72	1.79
5	N/A	39	5.99	73	1.74
6	N/A	40	5.74	74	1.69
7	N/A	41	5.51	75	1.65
8	N/A	42	5.28	76	1.61
9	N/A	43	5.06	77	1.57
10	N/A	44	4.86	78	1.53
11	N/A	45	4.66	79	1.50
12	N/A	46	4.48	80	1.46
13	N/A	47	4.30	81	1.43
14	N/A	48	4.13	82	1.41
15	N/A	49	3.97	83	1.38
16	15.31	50	3.81	84	1.35
17	14.72	51	3.66	85	1.33
18	14.16	52	3.52	86	1.31
19	13.63	53	3.38	87	1.29
20	13.11	54	3.26	88	1.27
21	12.61	55	3.13	89	1.26
22	12.12	56	3.02	90	1.24
23	11.65	57	2.91	91	1.22
24	11.19	58	2.81	92	1.21
25	10.75	59	2.71	93	1.19
26	10.33	60	2.61	94	1.18
27	9.92	61	2.52	95	1.16
28	9.52	62	2.44	96	1.14
29	9.14	63	2.36	97	1.12
30	8.77	64	2.28	98	1.09
31	8.41	65	2.21	99	1.05
32	8.06	66	2.14	100+	1.00
33	7.73	67	2.07		

N/A = NOT APPLICABLE.

CONTRACT DATA PAGES (Continued)

TABLE OF DEATH BENEFIT FACTORS TOBACCO

INSURED'S ATTAINED AGE	FACTOR	INSURED'S ATTAINED AGE	FACTOR	INSURED'S ATTAINED AGE	FACTOR
0	N/A	34	5.76	68	1.80
1	N/A	35	5.53	69	1.76
2	N/A	36	5.31	70	1.72
3	N/A	37	5.10	71	1.68
4	N/A	38	4.90	72	1.64
5	N/A	39	4.71	73	1.60
6	N/A	40	4.53	74	1.57
7	N/A	41	4.35	75	1.53
8	N/A	42	4.18	76	1.50
9	N/A	43	4.02	77	1.47
10	N/A	44	3.87	78	1.44
11	N/A	45	3.73	79	1.42
12	N/A	46	3.59	80	1.39
13	N/A	47	3.46	81	1.37
14	N/A	48	3.34	82	1.35
15	N/A	49	3.22	83	1.33
16	11.68	50	3.11	84	1.31
17	11.21	51	3.00	85	1.29
18	10.77	52	2.89	86	1.27
19	10.36	53	2.79	87	1.26
20	9.96	54	2.70	88	1.24
21	9.58	55	2.61	89	1.23
22	9.22	56	2.53	90	1.22
23	8.87	57	2.45	91	1.21
24	8.53	58	2.38	92	1.19
25	8.21	59	2.30	93	1.18
26	7.90	60	2.23	94	1.17
27	7.60	61	2.17	95	1.15
28	7.31	62	2.11	96	1.14
29	7.03	63	2.05	97	1.12
30	6.76	64	2.00	98	1.09
31	6.50	65	1.94	99	1.05
32	6.24	66	1.89	100+	1.00
33	6.00	67	1.85		

N/A = NOT APPLICABLE.

CONTRACT DATA PAGES (Continued)

TABLE OF DEATH BENEFIT FACTORS COMPOSITE

INSURED'S ATTAINED AGE	FACTOR	INSURED'S ATTAINED AGE	FACTOR	INSURED'S ATTAINED AGE	FACTOR
0	28.93	34	7.14	68	1.99
1	28.04	35	6.84	69	1.93
2	27.01	36	6.56	70	1.87
3	25.92	37	6.29	71	1.82
4	24.83	38	6.03	72	1.77
5	23.76	39	5.78	73	1.73
6	22.73	40	5.55	74	1.68
7	21.74	41	5.32	75	1.64
8	20.79	42	5.10	76	1.60
9	19.89	43	4.90	77	1.56
10	19.02	44	4.70	78	1.52
11	18.18	45	4.52	79	1.49
12	17.39	46	4.34	80	1.46
13	16.65	47	4.17	81	1.43
14	15.95	48	4.01	82	1.40
15	15.30	49	3.85	83	1.38
16	14.69	50	3.70	84	1.35
17	14.12	51	3.56	85	1.33
18	13.58	52	3.43	86	1.31
19	13.07	53	3.30	87	1.29
20	12.57	54	3.17	88	1.27
21	12.09	55	3.06	89	1.25
22	11.63	56	2.95	90	1.24
23	11.18	57	2.84	91	1.22
24	10.74	58	2.75	92	1.21
25	10.32	59	2.65	93	1.19
26	9.92	60	2.56	94	1.18
27	9.53	61	2.47	95	1.16
28	9.15	62	2.39	96	1.14
29	8.79	63	2.32	97	1.12
30	8.44	64	2.24	98	1.09
31	8.09	65	2.17	99	1.05
32	7.76	66	2.11	100+	1.00
33	7.44	67	2.05		

CONTRACT DATA PAGES (Continued)

**TABLE OF MAXIMUM NET SINGLE PREMIUMS (NSP) FOR PAID UP LIFE INSURANCE
PER \$1,000 FACE AMOUNT
NONTABACCO**

INSURED'S ATTAINED AGE	NSP PER \$1,000	INSURED'S ATTAINED AGE	NSP PER \$1,000	INSURED'S ATTAINED AGE	NSP PER \$1,000
0	N/A	40	174.29	80	685.04
1	N/A	41	181.81	81	699.64
2	N/A	42	189.62	82	713.79
3	N/A	43	197.71	83	727.54
4	N/A	44	206.09	84	740.90
5	N/A	45	214.75	85	753.80
6	N/A	46	223.69	86	766.22
7	N/A	47	232.94	87	778.09
8	N/A	48	242.52	88	789.33
9	N/A	49	252.49	89	799.97
10	N/A	50	262.83	90	810.12
11	N/A	51	273.53	91	820.24
12	N/A	52	284.57	92	830.76
13	N/A	53	295.94	93	841.74
14	N/A	54	307.62	94	853.33
15	N/A	55	319.58	95	865.82
16	65.35	56	331.79	96	879.97
17	67.97	57	344.27	97	897.20
18	70.64	58	357.05	98	920.04
19	73.42	59	370.17	99	952.38
20	76.31	60	383.61	100	1000.00
21	79.34	61	397.33		
22	82.53	62	411.26		
23	85.87	63	425.34		
24	89.37	64	439.58		
25	93.04	65	453.98		
26	96.88	66	468.57		
27	100.88	67	483.37		
28	105.06	68	498.40		
29	109.46	69	513.69		
30	114.09	70	529.21		
31	118.97	71	544.90		
32	124.09	72	560.66		
33	129.46	73	576.38		
34	135.08	74	592.10		
35	140.95	75	607.83		
36	147.07	76	623.56		
37	153.46	77	639.23		
38	160.12	78	654.77		
39	167.06	79	670.05		

N/A = NOT APPLICABLE.

CONTRACT DATA PAGES (Continued)

**TABLE OF MAXIMUM NET SINGLE PREMIUMS (NSP) FOR PAID UP LIFE INSURANCE
PER \$1,000 FACE AMOUNT
TOBACCO**

INSURED'S ATTAINED AGE	NSP PER \$1,000	INSURED'S ATTAINED AGE	NSP PER \$1,000	INSURED'S ATTAINED AGE	NSP PER \$1,000
0	N/A	40	221.14	80	721.19
1	N/A	41	230.08	81	733.63
2	N/A	42	239.29	82	745.60
3	N/A	43	248.77	83	757.19
4	N/A	44	258.48	84	768.41
5	N/A	45	268.43	85	779.19
6	N/A	46	278.62	86	789.48
7	N/A	47	289.07	87	799.20
8	N/A	48	299.83	88	808.25
9	N/A	49	310.96	89	816.67
10	N/A	50	322.44	90	824.58
11	N/A	51	334.23	91	832.50
12	N/A	52	346.29	92	840.95
13	N/A	53	358.56	93	850.01
14	N/A	54	371.00	94	859.91
15	N/A	55	383.56	95	870.86
16	85.66	56	396.21	96	883.49
17	89.24	57	408.97	97	899.25
18	92.87	58	421.92	98	920.84
19	96.59	59	435.11	99	952.38
20	100.44	60	448.49	100	1000.00
21	104.42	61	462.00		
22	108.55	62	475.51		
23	112.86	63	488.97		
24	117.32	64	502.36		
25	121.93	65	515.71		
26	126.73	66	529.11		
27	131.70	67	542.60		
28	136.88	68	556.24		
29	142.32	69	570.07		
30	148.03	70	584.07		
31	154.03	71	598.19		
32	160.32	72	612.28		
33	166.90	73	626.26		
34	173.77	74	640.19		
35	180.93	75	654.08		
36	188.38	76	667.89		
37	196.13	77	681.60		
38	204.17	78	695.11		
39	212.50	79	708.32		

N/A = NOT APPLICABLE.

CONTRACT DATA PAGES (Continued)

**TABLE OF MAXIMUM NET SINGLE PREMIUMS (NSP) FOR PAID UP LIFE INSURANCE
PER \$1,000 FACE AMOUNT
COMPOSITE**

INSURED'S ATTAINED AGE	NSP PER \$1,000	INSURED'S ATTAINED AGE	NSP PER \$1,000	INSURED'S ATTAINED AGE	NSP PER \$1,000
0	34.57	40	180.44	80	688.09
1	35.66	41	188.13	81	702.42
2	37.03	42	196.11	82	716.30
3	38.58	43	204.36	83	729.80
4	40.28	44	212.89	84	742.91
5	42.09	45	221.69	85	755.58
6	44.01	46	230.76	86	767.77
7	46.01	47	240.13	87	779.42
8	48.10	48	249.83	88	790.45
9	50.29	49	259.91	89	800.88
10	52.59	50	270.36	90	810.84
11	55.00	51	281.17	91	820.79
12	57.50	52	292.31	92	831.16
13	60.07	53	303.75	93	842.02
14	62.71	54	315.49	94	853.53
15	65.39	55	327.47	95	865.95
16	68.10	56	339.69	96	880.06
17	70.85	57	352.14	97	897.23
18	73.65	58	364.89	98	920.05
19	76.55	59	377.95	99	952.38
20	79.56	60	391.33	100	1000.00
21	82.73	61	404.95		
22	86.03	62	418.77		
23	89.49	63	432.72		
24	93.13	64	446.79		
25	96.92	65	461.00		
26	100.89	66	475.36		
27	105.01	67	489.92		
28	109.32	68	504.70		
29	113.85	69	519.72		
30	118.61	70	534.96		
31	123.62	71	550.38		
32	128.89	72	565.86		
33	134.41	73	581.31		
34	140.18	74	596.77		
35	146.22	75	612.23		
36	152.52	76	627.69		
37	159.09	77	643.09		
38	165.93	78	658.35		
39	173.04	79	673.37		

DEFINITIONS

The defined terms below are subject to the provisions of the Group Master Policy and of this Certificate.

Accumulation Value – On the Effective Date, it is the initial premium amount received by us, minus the Monthly Deduction. See the Accumulation Value provision under the Contract Values section to determine the Accumulation Value calculation on each Monthly Date after the Effective Date.

Administrative Fee – The fee is based on the Issue Age and Class of Risk of the Insured. This fee is described in the Contract Values section. The duration and the amount of the Guaranteed Maximum Monthly Administrative Fee per \$1,000 of Face Amount are shown on the Contract Data Pages.

Age or Attained Age - The Insured's Age as of the last Anniversary Date. Attained Age will increase by one year on each Anniversary Date. **Issue Age** is the Attained Age of the Insured as of the Effective Date. The Issue Age is shown on the Contract Data Pages.

Amendment, Endorsement, or Rider - Any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provisions or benefits.

Anniversary Date – The month and date of each calendar year that is the same month and date as the Effective Date. When any date is referred to, the Effective Date will be at 12:01 AM at the Owner's address.

Application - The form completed and signed by the Owner to apply for this life insurance coverage.

Beneficiary - The recipient of the Proceeds of this Certificate in the event of the Insured's death.

Cash Surrender Value – The Cash Value of this Certificate, less any Loans.

Cash Value - The amount described in the Cash Value provision under the Contract Values section.

Certificate – This document that describes your insurance coverage.

Contract Year – The 12-month period that starts from the Effective Date constitutes the first Contract Year. A new Contract Year begins on each Anniversary Date.

Cost of Insurance (COI) – The COI is described in the Contract Values section. The Table of Guaranteed Monthly Cost of Insurance Rates appears in the Tables Section of the Contract Data Pages.

Death Benefit – The amount of insurance prior to distribution as Life Insurance Proceeds.

Effective Date - The date when this Certificate takes effect. It is shown on the Contract Data Pages. This Effective Date will be used to determine Monthly Dates, Anniversary Dates, and Contract Years.

Extended Term Insurance Option – This is a Nonforfeiture Option that may be selected if this Certificate Lapses or is surrendered by the Owner. If no Option is selected and this Certificate Lapses, the Paid Up Life Insurance - Extended Term Life Insurance Option will automatically be selected by default. Details are described in the Nonforfeiture Options section.

Face Amount - The initial Face Amount is the amount of life insurance coverage you applied for and for which you were approved as shown on the Contract Data Pages. After the first Contract Year, you may change the Face Amount subject to the terms of this Certificate.

Grace Period – The Grace Period is a 31-day period after a premium payment is due. See the Grace Period provision in the General Provisions section for details.

Group Master Policy or Policy – The document that is issued to the Policyholder.

Group Master Policyholder or Policyholder – The group entity named on the Cover Page of the Policy.

Insured - The person covered under this Certificate and named on the Contract Data Pages.

Lapse - The termination of this Certificate for the nonpayment of premium or insufficient payment of the premium due.

Life Insurance Proceeds or **Proceeds** – The amount payable upon the Insured's death, subject to any adjustments as described in the Amount of Proceeds provision in the Payment of Life Insurance Proceeds section.

Loan – The amount of money, including accrued interest, the Owner borrowed from us. This indebtedness is secured by the Cash Value of this Certificate.

Loan Value – The maximum amount which the Owner may borrow as described in the Loans section.

Maturity Date – The date we pay the Cash Surrender Value, if any, to you if the Insured is living on the date shown on the Contract Data Pages and if this Certificate is in force.

Monthly Date – The date of each month that is the same date as the Effective Date shown on the Contract Data Pages.

Monthly Deduction – A monthly charge withdrawn from the Accumulation Value on each Monthly Date that is described in more detail in the Contract Values section.

Nonforfeiture Options – Options for receiving the Cash Surrender Value if this Certificate Lapses or is surrendered by the Owner.

Owner, you, your, or yours - The person named on the Contract Data Pages.

Paid Up Life Insurance Option– This is a Nonforfeiture Option that may be selected if this Certificate Lapses or is surrendered by the Owner. Details are described in the Nonforfeiture Options section.

Reinstate, Reinstated, or Reinstatement - To restore coverage if this Certificate has Lapsed, subject to the Conditions for Reinstatement provision.

Surrender Charge – A charge for a surrender of this Certificate made during a Surrender Charge Period.

Surrender Charge Period – The period of time from the Effective Date in which a Surrender Charge will be incurred if this Certificate is surrendered within that period of time. Any approved Face Amount increase will have its own Surrender Charge Period beginning on the Effective Date of the increase.

Transamerica Life Insurance Company, the Company, we, us, or our – The Insurer that underwrites this life insurance coverage and pays the benefits upon a claim.

OWNERSHIP

You have certain rights while the Insured is living and this Certificate is in force. Your rights include, but are not limited to, those listed below:

1. Changing the Beneficiary, subject to any irrevocable Beneficiary that may have been named (an irrevocable Beneficiary cannot be changed without the written consent of that irrevocable Beneficiary);
2. Increasing the Face Amount, subject to the Increase in the Face Amount provision;
3. Requesting a Loan;
4. Assigning any right or benefit under this Certificate;
5. Reinstating coverage that has Lapsed, subject to the Reinstatement provision;
6. Exercising a Nonforfeiture Option;
7. Exercising an option under any Rider attached to this Certificate; and
8. Transferring ownership. Any requested change of ownership must be in writing on our form and approved by us. Your requested change will be effective on the date that you signed it, subject to any actions taken prior to receipt of such change.

If you, as the Owner, are not the Insured, and you die before the Insured, the executor or administrator of your estate will have these rights.

BENEFICIARY

Payment of the Life Insurance Proceeds - If the Insured dies while this Certificate is in force, we will pay the Proceeds to the Beneficiary, subject to the provisions of this Certificate. The Beneficiary will be as designated on the Application for this insurance coverage, unless later changed as provided under the How to Change the Beneficiary provision.

If a Beneficiary is Not Named in the Application or the Stated Beneficiary Dies - The rights of any Beneficiary to receive Proceeds will end if the Beneficiary dies prior to the death of the Insured. Except to the degree that benefits have already been paid, and unless otherwise provided, the rights of any Beneficiary who dies at the time of, or within 30 days after, the Insured's death will end at their death. If the rights of all named Beneficiaries have ended, or if a Beneficiary was not named in the original Application, benefits will be payable to the Insured's survivors in the following order of preference:

1. Legal spouse;
2. Children, including legally adopted children;
3. Parents;
4. Brothers and sisters;
5. The Owner; or
6. The executor or administrator of the Owner's estate.

If the benefits are to be paid to children, the total benefit amount will be divided equally among all the Insured's eligible children. The existence of multiple Beneficiaries will not increase the benefit payable.

Protection of the Death Benefit - To the extent permitted by law, the Death Benefit will not be subject to the claims of the Beneficiary's creditors or to any legal process against the Beneficiary.

How to Change the Beneficiary - You may change the Beneficiary at any time while the Insured is living. Please request a Change of Beneficiary form from us. To be effective, the change must be in writing and signed by both you and a disinterested witness. The change will be effective on the date it is recorded. However, any benefits paid before we receive the notice of a change in Beneficiary will not be subject to such change. If the Insured dies after you changed the Beneficiary, but before the date it is recorded, the change will be effective on the date you signed the change request.

PAYMENT OF LIFE INSURANCE PROCEEDS

Amount of Proceeds – The Proceeds will be the greater of:

1. The Face Amount on the date the Insured dies; or
2. The Death Benefit Factor multiplied by the greater of the Accumulation Value or the Guaranteed Cash Value on the date of the Insured's death.

Adjustments to the Proceeds - The Proceeds will be reduced by:

1. The amount of any outstanding Loans on the date the Insured dies, and
2. Any due and unpaid premiums.

The Proceeds may also be affected by the election of a Nonforfeiture Option or Misstatement of Age as explained in other provisions of this Certificate. Additional benefit amounts may be payable under any Riders attached to this Certificate. Any portion of a premium paid beyond the end of the month in which the Insured's death occurs will be added to the Proceeds payable. No part of any premium waived under any Rider will be refunded.

Increase in the Face Amount – The Face Amount is the initial amount of insurance applied for as shown on the Contract Data Pages. After the first Contract Year, you may, upon written request, increase the Face Amount. Any increase will be subject to our underwriting requirements, as well as the Right to Contest and Suicide Exclusion provisions in the General Provisions section of this Certificate. Only one change to the Face Amount will be allowed per Contract Year.

If we approve the request, the effective date of the increase will be the Monthly Date that coincides with or next follows the date of our approval. The increase will have its own Surrender Charge Period and Guaranteed Cash Values, beginning on the effective date of the increase. The Surrender Charges and the Guaranteed Cash Values for each Face Amount increase will be based on the Insured's Age and Class of Risk on the effective date of the increase.

Tax Qualification – This Certificate is intended to qualify under Section 7702 of the Internal Revenue Code as life insurance for federal tax purposes. The Proceeds are intended to qualify for the federal income tax exclusion. The provisions of this Certificate (and any attached Amendments, Endorsements, or Riders) will be interpreted to ensure tax qualification, regardless of any language to the contrary. The Proceeds will never be less than the amount necessary to ensure tax qualification. If the Death Benefit is increased, we will make appropriate adjustments in the premiums, Monthly Deductions, and/or supplemental benefits as of that time, retroactively or otherwise, that are consistent with the increase. Such adjustments may be made by right of offset against the Proceeds.

EFFECTIVE DATE

The insurance under this Certificate will start on the Effective Date if:

1. Your Application has been approved by us on or before the Effective Date;
2. The Insured is living; and
3. The initial premium payment has been received by us.

TERMINATION

The insurance under this Certificate will stop on the earliest one of these occurrences:

1. The Monthly Date that coincides with or next follows the date we receive your written request to terminate coverage;
2. The Maturity Date;
3. The date the Insured dies;
4. The date this Certificate Lapses or is surrendered under one of the Nonforfeiture Options, subject to the Grace Period; or
5. The date the Policy terminates, subject to the Portability Option provision.

If insurance stops because the Insured is alive on the Maturity Date, we will pay the Cash Surrender Value, if any, to the Owner. This Certificate will cease on the Maturity Date.

PREMIUMS

Premium Payments – The premium payable for this Certificate is shown on the Contract Data Pages. The first premium must be paid on or before the Effective Date. Premiums are payable in advance of the period to which they apply. All premiums are payable to our Administrative Office or to an agent authorized by us to collect premiums.

Automatic Premium Loan – You may elect this provision in writing at any time while this Certificate is in force and provided that no premium is in default beyond the Grace Period. The Automatic Premium Loan provision will continue in effect until canceled by written request satisfactory to us.

While effective, any unpaid premium falling due one year or more from the Effective Date will be paid at the end of the Grace Period by an Automatic Premium Loan provided the premium does not exceed the Certificate's available Loan Value.

If the available Loan Value is less than the premium due, we will not be able to make a Loan to pay a partial premium.

Any Loan charged under this provision will be subject to all of the terms of this Certificate relating to Loans. The Loan will bear interest payable by you from the premium due date.

This provision may be canceled or Reinstated by written notice. Any such change will take effect on the date signed, subject to any actions taken prior to receipt of such notice at our Administrative Office.

REINSTATEMENT

Conditions for Reinstatement – If this Certificate Lapses, it may be Reinstated during the lifetime of the Insured, provided it was not surrendered. To Reinstatement this Certificate, we will require:

1. Your written request for Reinstatement within five years after the date of Lapse or after a change to Paid Up Life Insurance or Extended Term Life Insurance before the Maturity Date;
2. The Insured's written consent for Reinstatement;
3. Evidence of insurability, including good health, satisfactory to us;
4. Repayment of any Loans that existed at the time the Certificate Lapsed or changed to Paid Up Life Insurance or Extended Term Insurance; and
5. Payment of the Reinstatement Premium.

Reinstatement Premium – The Reinstatement Premium consists of all past due premiums with annual compound interest at the rate shown on the Contract Data Pages per Contract Year calculated from each premium due date.

The Accumulation Value upon Reinstatement will be determined in accordance with the Contract Value provision, but with a current interest crediting rate shown on the Contract Data Pages.

The date of Reinstatement will be the Monthly Date on or following the date the Application for Reinstatement is approved by us, so long as the Insured is still living. With respect to any Reinstated coverage, Incontestability will be based only on statements made in any Reinstatement application.

If the Certificate is Reinstated within a Surrender Charge Period, the Surrender Charges in effect for the Reinstated Certificate, and any increases in Face Amount, will be based on the duration from the effective date of coverage to the Reinstatement date.

CONTRACT VALUES

Accumulation Value – The Accumulation Value on the Effective Date is equal to the initial premium received minus the Monthly Deduction. Thereafter, the Accumulation Value will be determined on each Monthly Date after the Effective Date as follows:

1. The Accumulation Value as of the last Monthly Date; plus
2. The interest accrued from the last Monthly Date; plus
3. The sum of all premiums, less any refunds, received since the last Monthly Date; less
4. The Monthly Deduction for the current month.

On any day between Monthly Dates, the Accumulation Value will be determined as follows:

1. The interest accrued from the last Monthly Date; plus
2. The Accumulation Value as of the last Monthly Date; plus
3. All premiums received since the prior Monthly Date.

Administrative Fee - The Administrative Fee is calculated by multiplying the Administrative Fee per \$1,000 by the Face Amount, divided by 1,000.

The guaranteed maximum monthly Administrative Fee per \$1,000 is shown on the Contract Data Pages. We may use an Administrative Fee per \$1,000 lower than the guaranteed maximum monthly Administrative Fee per \$1,000, but will never charge in excess of the guaranteed maximum monthly Administrative Fee per \$1,000.

Cost of Insurance (COI) – The COI is equal to the Death Benefit at the beginning of the Certificate month divided by 1.00327374, minus the Accumulation Value at the beginning of the Certificate month, multiplied by the COI rate, divided by 1,000.

The COI rates are based on the Insured's Age and Class of Risk on the Effective Date. A Table of Guaranteed Cost of Insurance Rates is shown in the Tables Section of the Contract Data Pages. We may use lower COI rates, but will never exceed the guaranteed COI rates.

If you request an increase in the Face Amount, the COI rates for each Face Amount increase will be based on the Insured's Age and Class of Risk on the effective date of the increase.

Interest Rate – The guaranteed minimum interest rate for all Contract Years is shown on the Contract Data Pages. We may use current interest rates greater than the guaranteed interest rate to calculate the Accumulation Value. These interest rates will be declared by us. We may apply different interest rates to separate portions of the Accumulation Value, including the amount of the Accumulation Value equal to any outstanding Loan. However, no rate will be less than the guaranteed minimum interest rate. Interest will be credited on the Monthly Date.

We will apply an initial interest rate to each premium payment. We will declare, at our discretion, an interest rate periodically. Subsequent interest rates apply to each premium payment. Subsequent interest rates may be higher or lower than the initial interest rate, but will never be less than the guaranteed minimum interest rate.

Monthly Deduction – The Monthly Deduction is the monthly charge to cover the Cost of Insurance on the Certificate and any Riders. On the Effective Date and each Monthly Date thereafter, a Monthly Deduction will be withdrawn from the Accumulation Value. The Monthly Deduction is calculated as follows:

1. The Monthly Deduction is equal to the Cost of Insurance; plus
2. The Administrative Fee; plus
3. Any charges for additional benefits provided by Riders.

Cash Surrender Value - The Cash Surrender Value may be borrowed against, applied under continuation of insurance, if applicable, or taken in cash upon a full surrender of this Certificate. The Cash Value will always equal or exceed the amount required by the law of the state where the Policy is delivered.

Cash Value – The Cash Value will equal the greater of the Guaranteed Cash Value or the Accumulation Value, less any applicable Surrender Charge.

Guaranteed Cash Value – The Guaranteed Cash Values are shown in the Tables Section of the Contract Data Pages.

The Guaranteed Cash Value as of any date other than an Anniversary will be calculated on a basis which accounts for the passage of time and the payment of premiums beyond the Anniversary Date.

LOANS

Interest Rate on Accumulation Value Securing Loans - The interest rate for any portion of the Accumulation Value equal to the amount of any Loan will be at the effective annual interest rate shown on the Contract Data Pages.

Loans – Upon written request, you may borrow any amount up to the available Loan Value of your Certificate. Loans will be secured by the most recent addition to the Accumulation Value. Our interest in Loans on the Accumulation Value has priority over the claims of any assignee or other person. Your Certificate is the sole security for all Loans.

Loan Value – A Loan may be made in an amount which, together with interest as shown on the Contract Data Pages, will not exceed the Cash Value of this Certificate at the date to which premiums have been paid (but not later than the next Anniversary Date).

Loan Interest – The Loan interest rate is shown on the Contract Data Pages. On each Anniversary, Loan interest for the next year is due in advance. Interest not paid when due will be added to the Loan.

Loan Repayment – You may repay any part of a Loan at any time while this Certificate is in force. Each payment must be at least \$25, unless the Loan amount is less than \$25, in which case full payment is required. All funds received will be credited to this Certificate as a premium payment, unless clearly marked as a Loan repayment. On the date received, Loan repayments will be applied to the portion of the Accumulation Value which is securing a Loan.

Failure to repay the Loan will not terminate this Certificate unless the Loan exceeds the Cash Value. If this happens, the Certificate will terminate and have no further value 31 days after notice has been mailed by us to your last known address and to any assignee of record.

If this Certificate is in force under one of the Nonforfeiture Options, the amount of Loan deducted in determining the Cash Surrender Value may be repaid only if this Certificate is Reinstated.

NONFORFEITURE OPTIONS

Lapse – If the premium is not paid when due or before the end of the Grace Period, the Certificate will Lapse as of the due date of the unpaid premium. The Cash Surrender Value as of the date of Lapse will be applied under one of the following Options. The Owner may elect an Option, by written notice, within 60 days after the date to which premiums have been paid. If no election is made, we will continue the basic life benefit under the Extended Term Insurance Option. This Option will not include additional benefits provided under any Rider attached to this Certificate, unless specifically provided in such Rider.

This Certificate may be continued or surrendered under one of the following Nonforfeiture Options:

Option 1. Surrender Option – This Certificate may be surrendered for its Cash Surrender Value as of the date your written surrender request is received at our Administrative Office. Upon surrender, all insurance provided by the Certificate and any Riders, unless the Riders provide otherwise, will terminate. If this Certificate is surrendered within 60 days after an Anniversary Date, the Cash Surrender Value on the surrender date will not be less than it was on that Anniversary Date.

Surrender Charge – The Surrender Charge is calculated as follows:

1. The Surrender Charge Base for the Insured's Issue Age and Class of Risk; multiplied by
2. The applicable Contract Year percentage; multiplied by
3. The Face Amount; divided by
4. 1,000.

The Surrender Charge Base and the Contract Year percentages appear in the Table of Surrender Charge Factors found on the Contract Data Pages.

If an increase in the Face Amount is requested and approved, additional Surrender Charges will apply. The Surrender Charge for any Face Amount increase is calculated as follows:

1. The amount of increase; divided by
2. 1,000; multiplied by
3. The product of the Surrender Charge Base and the Contract Year percentage based on:
 - a. The Insured's Age and Class of Risk on the date of the increase; and
 - b. The number of years the increase was effective.

Option 2. Paid Up Life Insurance Option – Under this option, you may choose between Reduced Paid Up Life Insurance or Extended Term Insurance.

A. Reduced Paid Up Life Insurance – The Cash Surrender Value is used to buy a level amount of whole life insurance; no further premiums will be due.

The Owner may change this Certificate to nonparticipating Paid Up Life Insurance, subject to the following conditions:

1. This Certificate must be in force on the requested date.
2. The Owner must make a written request for a change to Paid Up Life Insurance.
3. We will add an endorsement to change this Certificate to Paid Up Life Insurance. The amount of Paid Up Life Insurance will be shown on the endorsement. That amount will be the Proceeds under this Certificate.
4. The amount of Paid Up Life Insurance is calculated by using the Cash Surrender Value divided by the net single premium for the Insured's Age and Class of Risk. The net single premiums are shown in the Tables Section of the Contract Data Pages.
5. The change to Paid Up Life Insurance will be effective on the Monthly Date following the date we receive the Owner's written request for Paid Up Life Insurance.
6. The Paid Up Life Insurance will contain no additional benefits, unless otherwise provided under the terms of an attached Rider.

When this option is elected, the following two provisions will not apply to the Paid Up Life Insurance: Administrative Fee and Increase in Face Amount. The minimum Life Insurance Proceeds for this insurance will be the Cash Surrender Value divided by the Net Single Premium.

Cash Values - The Paid Up Life Insurance will have Cash Values. The Guaranteed Cash Value will be calculated as follows:

1. The amount of Paid Up Life Insurance; divided by
2. 1,000; multiplied by
3. The net single premium.

On Anniversaries, the net single premium will be the value for the Insured's Age and Class of Risk as shown in the Table of Maximum Net Single Premiums for Paid Up Life Insurance. Between Anniversaries, the net single premium will be the value as of the previous Monthly Date. The net single premium as of the previous Monthly Date will be based on the values on the last and next Anniversaries and the number of months elapsed since the last Anniversary. The Cash Surrender Value of the Paid Up Life Insurance will be the Cash Value less any Loans. The Loan Value of the Paid Up Life Insurance will be the Cash Surrender Value of the Paid Up Life Insurance.

When We Will Require Evidence of Insurability - When the Owner requests the Paid Up Life Insurance Option, we will calculate the difference between the amount of Paid Up Life Insurance and the Cash Surrender Value. We will then compare that amount to the difference between the Death Benefit and the greater of the Guaranteed Cash Value and the Accumulation Value under this Certificate on the date the Owner elects this Option. If the difference between the amount of Paid Up Life Insurance and the Cash Surrender Value is greater than the difference between the Death Benefit and the greater of the Guaranteed Cash Value and the Accumulation Value, the Insured must give us satisfactory evidence of insurability.

If we do not receive satisfactory evidence of insurability, we will reduce the amount of Paid Up Life Insurance to the amount available without evidence of insurability. If there is any Cash Surrender Value left over after the change to Paid Up Life Insurance, we will refund it to the Owner.

B. Extended Term Insurance - This Certificate may be continued as Extended Term Insurance for which no further premiums will be payable. The amount of Extended Term Insurance will be:

1. The Face Amount; less
2. Any Certificate Loan and Loan interest.

Unless you choose otherwise, Extended Term Insurance will be your automatic surrender option. The change to Extended Term Insurance will be shown on the next Monthly Date following the date we receive the Owner's written request for this Option, or following the Monthly Date this Certificate Lapses and this Option is elected by default.

The length of time the Extended Term Insurance continues will be calculated using the Cash Surrender Value of this Certificate as a net single premium as of the due date of the first unpaid premium at the Attained Age and Class of Risk of the Insured.

The Certificate can be surrendered at any time for its Cash Value, but it will have no Loan Value if continued as Extended Term Insurance. Also, no insurance or benefits from Riders will be provided under Extended Term Insurance, unless otherwise provided under the terms of an attached Rider.

PAYMENT OF CASH VALUE AND LOANS

After we receive the written request for a surrender or Loan, we may defer the payment of surrender values and the making of a Loan for a period of not more than six months. We will not delay any Loan made to pay a premium due us.

CERTIFICATE STATEMENTS AND ILLUSTRATIONS

We will send you an annual statement showing the Face Amount, Accumulation Value, Cash Surrender Value, Loans, premiums paid, and any other charges as of the statement date. We will send you an illustration of this Certificate's benefits and values upon receipt of your written request. We will provide one illustration each Contract Year without charge.

PORTABILITY OPTION

If you lose eligibility for this insurance for any reason other than nonpayment of premiums, you will have the option to continue this Certificate (including any riders) by paying the premiums directly to us at our Administrative Office. We will bill you for these premiums. If you stop paying the premiums under this option, this Certificate (and any Riders) will continue subject to the terms of the Grace Period.

BASIS OF COMPUTATION

Cash Values, Paid Up Life Insurance, and Extended Term Insurance benefits are based on the Insured's Age and Class of Risk at the interest rates and mortality table shown in the Contract Data Pages. Contract Values for fractions of a year will be calculated with an allowance for the premiums paid and the time elapsed in the Contract Year.

Guaranteed Cash Values of Paid Up Life Insurance and Extended Term Insurance are equal to the present value of future benefits provided.

Reserves are not less than the required minimum reserves and will never be less than the Cash Value. Cash Values, Paid Up Life Insurance and Extended Term Insurance benefits are not less than the minimum values and benefits required by any statute of the state in which the Certificate is delivered. If required, we have filed a detailed statement about this with the insurance department in the state in which the Policy is delivered.

GENERAL PROVISIONS

Assignment –If you file an assignment with us and it is recorded at our Administrative Office, your rights and the rights of the Beneficiary will be subject to that assignment.

Changes to this Certificate - Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Certificate and then only in writing. No agent or Policyholder has authority to change the Policy, this Certificate, or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

Claims Procedure - Due proof of the Insured's death must be submitted to us at our Administrative Office. The Beneficiary or a personal representative can get a claim form by calling our toll-free telephone number listed on the Cover Page.

Dividends - This is nonparticipating insurance. It does not participate in our profits or surplus, and no dividends will be paid.

Entire Contract - The Entire Contract consists of the Policy, this Certificate, any attached Amendments, Endorsements, or Riders, the Policyholder's Application, and your Application.

Grace Period – If we do not receive a premium payment when it is due, a Grace Period of 31 days will be provided. Written notice will be sent to your last known address on record at least 31 days prior to termination. If a premium payment is not paid by the end of the Grace Period, this Certificate will terminate. If the Insured dies during the Grace Period, we will pay the Death Benefit, less any indebtedness and any unpaid Monthly Deduction.

Misstatement of Age or Tobacco Use Status - If the Insured's Age or tobacco use status was misstated on the Application for this insurance coverage, we will adjust the Death Benefit to the amount that the most recent Monthly Deduction would buy at the Insured's correct Age or tobacco use status.

Right to Contest - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Certificate after it has been in force during the Insured's lifetime for two years from the date coverage is issued. Any such statement would have to be in a signed form. This also applies to all Riders. For any increase in the Face Amount, our two year right to contest starts anew, but will only apply to the amount of the increase.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

Suicide Exclusion - We will not pay the Proceeds if the Insured dies by suicide, while sane or insane, within two years from the date coverage is issued. Instead, we will refund the premiums paid for this insurance minus any outstanding Loans. Any increase in the Face Amount will start this Suicide Exclusion provision anew, but will apply only to the amount of the increase.

When Notice is to be Given by Us - Any notice to be given by us will be sent to the Owner at the Owner's last known address and any assignee of record at the assignee's last known address.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas
72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

This Rider is attached to and made part of the contract, as defined below, as of the Rider's Effective Date. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider:

Accidental Bodily Injury - Injury resulting, directly and independently of all other causes, from external and involuntary causes.

Accidental Death - Loss of life resulting from an Accidental Bodily Injury. The death must occur within [365] days of the Accidental Bodily Injury. The Accidental Bodily Injury must occur on or before the Anniversary Date following the Insured's [70th] birthday.

Air Bag System - An automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile - A four-wheeled private passenger motor vehicle licensed for use on public highways and not used to transport passengers for hire.

Covered Loss - An Accidental Death or a Dismemberment. Such a loss must occur within [365] days of an Accidental Bodily Injury subject to the Exclusions and Limitations section of this Rider. Covered Loss also includes an Accidental Death or Dismemberment resulting from unavoidable exposure to the elements if such loss occurs within [365] days of the date of an Accidental Bodily Injury.

Dependent Child - Must be within the age range of birth through age [24] and be unmarried, financially dependent on the Insured, and:

1. A natural child;
2. A legally adopted child; or
3. A child living with the Insured as a stepchild or a child for whom the Insured has been appointed as legal guardian.

Dismemberment - An Accidental Bodily Injury that, directly and independently of all other causes, results in the loss of:

1. A hand - the actual severance at or above the wrist.
2. A foot - the actual severance at or above the ankle.
3. The thumb and index finger on the same hand - the actual severance at or above the point at which they are attached to the hand.
4. Sight - the total and permanent loss of sight.
5. Speech - the total and permanent loss of speech.
6. Hearing - the total and permanent loss of hearing.

7. Hemiplegia – the total and permanent paralysis of both an arm and a leg on the same side of the body.
8. Paraplegia – the total and permanent paralysis of both legs.
9. Quadriplegia – the total and permanent paralysis of both arms and both legs.

Elder - An adult who is at least [60] years of age and who primarily depends on the Insured for financial support.

Elder Care – The non-medical care provided in a home for the aged or a community living center that provides domiciliary, residential, or retirement care. Elder Care does not include:

1. Medical care in a hospital;
2. Psychiatric care in a facility that treats mental illness of a non-organic origin; or
3. Treatment in a facility for voluntary chemical dependence.

Expiry Date - The Expiry Date means the Anniversary Date after the Insured reaches age [70].

Physician – A duly licensed or certified practitioner of medicine, other than an Immediate Family Member, who is legally licensed to diagnose and treat any sickness or injury within the scope of his or her license.

Proceeds - The amount payable for an Accidental Death or a Dismemberment. For an amount payable for an Accidental Death, the amount is equal to the Insured's Accidental Death and Dismemberment Benefit Rider Face Amount shown on the Contract Data Pages, less any Rider premium due and unpaid. For an amount payable for a Dismemberment, the amount is equal to a percentage of the Insured's Accidental Death and Dismemberment Rider Face Amount as shown in the Dismemberment Benefit section of this Rider. This amount will be reduced by any Rider premium due and unpaid. If any change was made in this Rider's Face Amount, the amount of Proceeds payable will be adjusted to the applicable amount shown in any endorsement to this Rider issued by us.

Public Transportation – A public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. (This definition excludes taxis, limousines, and chartered vehicles.)

Seatbelt – A properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seatbelt will include a lap belt only if the Automobile was not equipped with a combination lap and shoulder restraint system when manufactured. This benefit is not payable if a seatbelt is not worn or the seatbelt is not available in the Automobile.

BENEFITS

Accidental Death Benefit - If the Insured dies as the result of an Accidental Bodily Injury, we agree to pay the Accidental Death Proceeds to the Beneficiary. This Rider must be in force at the time of death. We must receive satisfactory proof of the Insured's death. The Accidental Death Proceeds will be payable in addition to the applicable Death Benefit payable under the contract. We will pay the Proceeds to the Beneficiary named in writing as provided in the contract.

Seatbelt Benefit – We will pay a Seatbelt Benefit, as shown on the Contract Data Pages, if both of the following events occur:

1. The Insured dies as a result of an Automobile accident for which an Accidental Death Benefit is payable; and
2. The deceased Insured was wearing and was properly utilizing a Seatbelt at the time of the accident, as evidenced by a police accident report.

This benefit will not be payable if the Insured is the driver of the Automobile and does not hold a current and valid driver's license.

Air Bag Benefit – We will pay an Air Bag Benefit, as shown on the Contract Data Pages, if all of the following events occur:

1. The Insured dies as a result of an Automobile accident for which a Seatbelt Benefit is payable.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer.
3. The deceased Insured was seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deployed, as evidenced by a police accident report.

Common Carrier Benefit – We will pay a Common Carrier Benefit, as shown on the Contract Data Pages, if both of the following events occur:

1. The Insured dies as a result of an Accident for which an Accidental Death Benefit is payable; and
2. The Accident occurs while the Insured was riding as a fare-paying passenger on Public Transportation.

Surviving Spouse Training Benefit - We will pay a Surviving Spouse Training Benefit to the Insured's surviving Spouse. This benefit will be for a training program in which a surviving Spouse has enrolled within 365 days of the Insured's death. The training program must be for the purpose of obtaining an independent source of income for the Spouse. We will pay an amount equal to the lesser of:

1. [3%] of the Insured's Death Benefit; or
2. [\$3,500] subject to the Lifetime Benefits Limitation provision of this Rider.

Elder Care Benefit - We will pay an Elder Care Benefit as long as an Elder is receiving Elder Care before this Rider's Effective Date. We will pay an amount equal to the lesser of:

1. [3%] of the Insured's Death Benefit; or
2. [\$3,500] subject to the Lifetime Benefits Limitation provision of this Rider.

Surviving Child Educational Benefit - We will pay a Surviving Child Educational Benefit to the Insured's surviving Spouse or, if the Insured's Spouse does not survive the Insured, to the legally appointed guardian of the Dependent Child. The following conditions must be met:

1. The Insured must be survived by a Dependent Child; and
2. The Dependent Child must be enrolled as a regular, full-time student at an accredited secondary school, college, university, or trade school; or
3. The Dependent Child must enroll, within 365 days of such death, at an accredited secondary school, college, university, or trade school.

If the Insured and the Spouse do not survive the Accident, and the Dependent Child is of the legal age of majority, we will pay this benefit directly to the Dependent Child.

We will pay an amount equal to the lesser of:

1. [3%] of the Insured's Death Benefit; or
2. [\$3,500] each year for up to four years while a Dependent Child is enrolled in school. We will continue to pay this benefit only while a Dependent Child remains a full-time student. We will pay this benefit in equal installments over the four-year period. We will pay separate benefits for each Dependent Child who meets the requirements for this benefit, subject to the Lifetime Benefits Limitation provision.

Evidence of student status must be provided annually.

Child Care Center Benefit - We will pay a Child Care Center Benefit to the Insured's surviving Spouse or, if the Insured's Spouse does not survive the Insured, to the legally appointed guardian of the Dependent Child. The following conditions must be met:

1. The Insured must be survived by a Dependent Child;
2. The Dependent Child must be enrolled in a qualified child care center. A qualified child care center means a facility that: operates pursuant to law, including any licensing or other laws or regulations applicable to child care facilities; and primarily provides care and supervision for children in a group setting on a regular, daily basis. A child care center does not include: a hospital; the child's home; a nursing home or convalescent home; a facility or part thereof for the treatment of mental disorders; a place or part thereof used primarily for the care of drug addicts, or alcoholics; or an orphanage;
3. The Dependent Child must be enrolled in a child care center within 90 continuous days immediately after the date of the Insured's death; and
4. The Dependent Child must be enrolled in a child care center for care on less than a 24-hour per day basis and an expense must be incurred.

We will pay an amount equal to the lesser of:

1. [3%] of the Insured's Death Benefit; or
2. [\$3,500] each year for up to four years while the Dependent Child is enrolled in a child care center. We will continue to pay this benefit provided the Dependent Child remains enrolled in a child care center. We will pay this benefit in equal installments over the four year period. We will pay separate benefits for each Dependent Child who meets the requirements for this benefit, subject to the Lifetime Benefits Limitation provision of this Rider.

Lifetime Benefits Limitation - A claim can be made for Accidental Death Benefits under the Surviving Spouse Training, Elder Care, Surviving Child Education, or Child Care Center provisions, concurrently or separately. We do, however, limit the aggregate lifetime benefit for all four of these benefits to a maximum of \$15,000 over a four-year period.

Dismemberment Benefit – If an Insured suffers a Dismemberment, We will pay the applicable benefit shown in the following table. If more than one Dismemberment occurs as a result of the same Accidental Bodily Injury, we will pay a benefit for the loss which has the largest benefit. If the Insured suffers another Dismemberment as the result of subsequent Accidental Bodily Injuries, a new Dismemberment benefit will be payable. We will not include the benefit amount that we paid for a prior Dismemberment when we determine the amount that we will pay for the subsequent Dismemberment. Claim payments for Dismemberment will be made to the Owner, unless the Owner designates a different payee.

Dismemberment or complete loss of, with or without reattachment:

Two or more: hand, foot, or sight of one eye.....	[Lesser of applicable Death Benefit or \$100,000]
Quadriplegia	[Lesser of applicable Death Benefit or \$100,000]
Loss of speech and loss of hearing in both ears	[Lesser of applicable Death Benefit or \$100,000]
Paraplegia	[Lesser of 75% of applicable Death Benefit or \$100,000]
One: hand, foot, or sight of one eye	[Lesser of 50% of applicable Death Benefit or \$100,000]
Loss of speech or loss of hearing in both ears	[Lesser of 50% of applicable Death Benefit or \$100,000]
Hemiplegia	[Lesser of 50% of applicable Death Benefit or \$100,000]
Loss of hearing of one ear	[Lesser of 25% of applicable Death Benefit or \$100,000]
Loss of thumb and index finger on same hand	[Lesser of 25% of applicable Death Benefit or \$100,000]

EXCLUSIONS AND LIMITATIONS

We will not pay the Accidental Death or Dismemberment Benefit if the Insured's death is caused by or results directly or indirectly from the Insured's:

1. Suicide or intentionally self-inflicted injury while sane or insane;
2. Sickness, disease, physical or mental infirmity, pregnancy, or any other kind of illness, or any medical or surgical care, diagnosis, or treatment for such condition;
3. Committing or attempting to commit a felony or engaging in an illegal occupation;
4. Voluntary use of any drug, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction;
5. Voluntary taking, absorbing, or inhaling a poison, gas, or fumes;
6. Involvement in an accident that occurs while he or she was driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs;
7. Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
8. Service in the military or any auxiliary unit attached thereto; or
9. Participation in any of the following activities: motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, or any related hazardous activities.

CLAIMS

The following Claims Procedures apply to this Rider.

Notice of Claim - We must be notified of a claim for benefits under this Rider, in writing, within 90 days of the Covered Loss. The written notice must be sent to Our agent or Us. The notice must include sufficient information to identify the claimant. If notice cannot reasonably be given within 90 days of a loss, notice must be sent as soon as reasonably possible.

Claim Forms - After we receive notice of claim, we will send You the claim forms within 15 days. If the forms have not been received within 15 days, you may send us written proof of loss describing the nature and extent of the claim. The written proof of loss must be sent to us within the time limit stated in the following paragraph.

Written Proof of Loss - We will pay benefits under this Rider after we receive written proof of loss satisfactory to us. We must receive such proof within 90 days after the Covered Loss. If it is not reasonably possible to provide this information within such time, written proof of loss must be submitted as soon as reasonably possible but no later than one year from the time specified.

Written proof of loss means the completion and submission of all documents needed to support a covered loss, such as a claimant's statement, attending Physician's statement, Accident report, and death certificate, if applicable.

Physical Examination - At our expense, we reserve the right to have a Physician of our choosing examine the Insured while a claim is pending to determine eligibility for benefits. In the event that the Physician we choose provides a different diagnosis of the condition, we reserve the right to rely on the certification from the Physician of our choosing for claim purposes. We may have an autopsy performed, if necessary, unless prohibited by law.

Time of Payment of Claims - All benefits described in this Rider will be paid as soon as we have received written proof of loss satisfactory to us.

Payment of Claims - Benefits other than loss of life are payable to the Owner, unless a different payee is designated. Life Insurance Proceeds are payable to the Beneficiary.

Legal Actions - No legal action may be brought to recover under the contract within 60 days after written proof of loss has been provided to us as required nor more than 3 years from the time written proof of loss is required to be furnished.

GENERAL RIDER PROVISIONS

Contestability - This Rider will be contestable on the same basis as the contract, during the lifetime of the Insured, for two years from the Rider's Effective Date.

WHAT THIS RIDER COSTS

The monthly charge for this Rider is shown on the Contract Data Pages.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Owner in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The Expiry Date of this Rider;
2. The date the Rider or the contract Lapses for failure to pay premiums, subject to the Grace Period of the contract;
3. The date the Owner requests termination;
4. The date of the Insured's death;
5. The date the contract terminates;
6. The date a Nonforfeiture Option under the contract, if any, becomes effective.

Our deduction of a monthly premium for any period after the date of termination of this Rider will create no liability for us, nor will it constitute a waiver of the termination. Any such deduction will be returned.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.

[
 EMBED Word.Picture.8
]
[General Counsel and Secretary]

[]
[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]

Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "We," "Us," or "Our")

WAIVER OF PREMIUM DUE TO LAYOFF RIDER

This Rider is attached to and made part of the contract as of the Rider's Effective Date. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the contract will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the contract, the following definition applies to this Rider.

Layoff - The Owner has been:

1. Employed on a full-time basis at the time of the Layoff; and
2. Involuntarily terminated by his or her employer due to:
 - a. A reduction in work force as the result of economic conditions;
 - b. The employer's decrease in production; or
 - c. The employer's reorganization causing the discontinuation of the Owner's job or resulting in a change of aptitude or skill requirements of his or her job.

BENEFITS

We will waive the monthly premiums on the contract if the Owner is placed on Layoff status by his or her employer. The first premium for coverage under the contract must be paid before we will waive any monthly premiums. After this requirement has been met, we will waive the monthly premiums beginning the first day of the first month after the Owner is placed on Layoff status by his or her employer.

We limit the number of Layoffs in any one year to [three]. The total number of monthly premiums we will waive in any one year is limited to [six].

CONSIDERATION

The monthly charge for this Rider is shown on the Contract Data Pages.

EFFECTIVE DATE

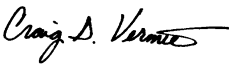
This Rider becomes effective on the same date as the Contract Date, unless we inform the Owner in writing of a different date.

TERMINATION

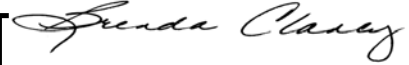
This Rider will terminate on the earliest of:

1. The date the contract terminates;
2. The date the Rider or contract Lapses for failure to pay premiums, subject to the Grace Period provision of the contract;
3. The date the Owner terminates this Rider;
4. The date of the Insured's death;
5. The date a Nonforfeiture Option under the contract, if any, becomes effective;
6. The anniversary on or following the Insured's 60th birthday, unless the Owner is totally disabled at the time; or
7. The date the Owner assigns the contract to another individual.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.

[]

[General Counsel and Secretary]

[]

[President]

[Please provide details of all "Yes" answers to questions [2, 3, 4, 6 and 7]. Use additional paper if needed.
For High Blood Pressure, please indicate most recent blood pressure reading, name of any medications and dosage.

Question #	Name	Please list: Illness, Injury, Condition, Medication, Date of last Treatment, Date Condition Diagnosed, Duration, Result, Current Health Status, Prognosis, Name & Address of Doctor or Hospital

APPLICANT'S STATEMENTS AND AGREEMENTS:

[Replacement question for residents of [AL, AK, AZ, CO, HI, IA, LA, MD, ME, MS, MT, NE, NC, NH, NJ, NM, OH, OR, RI, TX, UT, VA, VT or WV:]]

Do you currently have any other existing life insurance policies or contracts? ☐ Yes ☒ No

If "Yes", complete the replacement form(s) provided by your agent and return with this application.]

[Replacement question for residents of [all other states:]]

Is the insurance being applied for intended to replace or change any existing life insurance coverage? ☐ Yes ☒ No

If "Yes", list name of company _____, Policy/certificate # _____,
complete the Replacement form(s) provided by your agent and return with this application.]

[Accelerated Death Benefit Disclosure Acknowledgement:

If applying for an Accelerated Death Benefit Rider, did you receive the applicable Disclosure(s) if required in your state?

[Long Term Care Rider ☒ Yes ☐ No] [Critical Care Condition Rider ☒ Yes ☐ No] [Terminal Illness Rider ☒ Yes ☐ No]]

[Illustration Acknowledgement for all applicants:]

I certify that a life insurance illustration showing non-guaranteed values ☐ was ☐ was not] used during the sale of the insurance coverage I am applying for on this application. I understand that if my application is approved, an illustration conforming to the policy/certificate as issued will be delivered to me no later than when I receive my policy/certificate. I understand that any non-guaranteed elements contained in any illustration are subject to change and could be either higher or lower and that they are not guaranteed. I will review the illustration, sign the acknowledgment, and will return a copy of the signed illustration to the Insurer.

I represent that all statements and answers made on or attached to this application are true to the best of my knowledge and belief, and realize that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage under the policy/certificate to which this application is attached.

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I understand that coverage will become effective only after all of the following conditions have been met: a) I must be a member of an eligible class; b) I must have satisfied the policyholder waiting period; c) The policyholder group must have met the Insurer's minimum participation requirement; d) I must satisfactorily answer all questions on this form; e) I must be actively at work[, and for my dependents, they must not be disabled (unless included by special endorsement),] on the effective date (according to the Insurer's rules); and f) The first month's premium must have been received by the Insurer at its administrative office. I understand that completion of this application in no way implies that I will be accepted for insurance coverage.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, the Medical Information Bureau*, or other organization, institution or person, that has any records or knowledge of me or my health, to give to Insurer, or its reinsurers, any such information.

I understand the information obtained by use of this Authorization will be used by Insurer to determine eligibility for insurance. Any information obtained will not be released by Insurer to any person or organization except to reinsuring companies, the Medical Information Bureau*, or other persons or organizations performing business or legal services in connection with my application or as may be otherwise lawfully required or as I authorize. I know that I may request to receive a copy of this Authorization. I agree that a photographic copy of this Authorization shall be as valid as the original. I agree that this Authorization shall be valid for two years from the date shown below.

Signed in (City/State) _____ This _____ Day of (Month/Year) _____.

Applicant's Signature _____ Spouse's Signature (if applicable) _____

AGENT'S STATEMENTS AND AGREEMENTS:

I hereby certify that I have accurately recorded in this application all of the information supplied by the applicant. The applicant has read or had read to him/her the completed application. I also certify that this insurance ☐ does ☒ does not] replace or change any existing life insurance coverage. I further certify that a life insurance illustration ☐ was ☐ was not (but a company-provided Rate Sheet may have been used and no non-guaranteed values were shown to the applicant)] used in connection with this application.

Licensed Representative's Name _____ Agent # _____

Licensed Representative's Signature _____ Date _____

*Information regarding your insurability will be treated as confidential. The Insurer, or its reinsurers, may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired). Insurer, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

<i>SERFF Tracking Number:</i>	<i>AEGG-125960351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41189</i>
<i>Company Tracking Number:</i>	<i>CPWL0100</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.301 Current Assumption - Fixed Premium - Single Life</i>
<i>Product Name:</i>	<i>CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE</i>		
<i>Project Name/Number:</i>	<i>CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE/CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGG-125960351 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 41189
Company Tracking Number: CPWL0100
TOI: L07G Group Life - Whole Sub-TOI: L07G.301 Current Assumption - Fixed Premium
- Single Life
Product Name: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE
Project Name/Number: CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE/CPWL0100 - AR INTREST SENSITIVE WHOLE LIFE

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 12/22/2008

Comments:

Attachments:

Reg 19 Certification.pdf

Reg 49 Certification.pdf

Review Status:

Satisfied -Name: Application 12/22/2008

Comments:

Policy application C-EA-01-00 has previously been approved by your department under SERFF filing #SERT-63LPPQ625/00, effective August 9, 2004,

Review Status:

Satisfied -Name: ILLUSTRATION 12/22/2008

Comments:

Attachment:

Trans\$urelSWLllustration 12-19-08.pdf

Review Status:

Satisfied -Name: EXPLATION OF VARIABLES 12/22/2008

Comments:

Attachment:

Explanation of Variables 12-19-08.pdf

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Titles: Group Master Policy for Interest Sensitive Whole Life Insurance; Group Certificate for Interest Sensitive Whole Life Insurance; Accidental Death and Dismemberment Rider; Waiver of Premium Due to Layoff Rider; Certificate Application

Form Numbers: CRWL0100; CCWL0100; CRADD200; CRWPL100; CWL-AP-01-00

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Patsy J. Napier, FLMI, AIRC, HIA, CCP
Assistant Secretary

December 22, 2008
Date

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Titles: Group Master Policy for Interest Sensitive Whole Life Insurance; Group Certificate for Interest Sensitive Whole Life Insurance; Accidental Death and Dismemberment Rider; Waiver of Premium Due to Layoff Rider; Certificate Application

Form Numbers: CRWL0100; CCWL0100; CRADD200; CRWPL100; CWL-AP-01-00

I hereby certify that to the best of my knowledge and belief, the above forms and submission comply with Arkansas Regulation 49, relative to the dissemination of life and health guaranty association notices.



Patsy J. Napier, FLMI, AIRC, HIA, CCP
Assistant Secretary

December 22, 2008
Date



TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499

www.transamericaworksite.com

Trans\$ure – Interest Sensitive Whole Life Insurance Illustration

Prepared for

John Doe

Contract A123456789

Prepared by

Joe Agent

License A1234567

XYZ Agency

123 Main St.

Yourtown, WI 55555

555-555-5555

555-555-0000

Prepared on

December 19, 2008

This is an illustration only, not an offer, contract, or promise of future contract performance. Coverage is subject to the terms and conditions of the contract. This illustration is not valid without all 11 pages.



TRANSAMERICA LIFE INSURANCE COMPANY

Trans\$ure – Interest Sensitive Whole Insurance Illustration Narrative Summary

John Doe	Planned Annual Premium:	\$936.00
Male Age 35 Non-Tobacco	Initial Face Amount:	\$50,000
Riders: TI, WP, WPL, ADD, CTR, LTC, EXT, CCR, LTR		
Contract A123456789		

Overview The life insurance coverage illustrated on the following pages is a Fixed Premium, Interest Sensitive Whole Life Insurance Contract. Premium payments must be made in advance of the period to which they apply as explained in the contract.

This illustration shows how the contract would perform based on certain assumptions regarding the interest rate credited and contract charges deducted. In each example, the interest rate used is shown. The length of coverage and the values which would be provided by the contract premium payments are also shown.

The values and benefits are calculated using your age and the underwriting class (if any) shown in this illustration to determine the contract charges deducted. If a different rating is assigned during the underwriting process, it will affect the actual values and benefits. Only the values and benefits in the columns labeled "Guaranteed Basis" represent amounts actually guaranteed under the contract for the premiums shown. The other columns represent values, benefits, interest rates and charges which are not guaranteed and are subject to change. The column labeled "Non-Guaranteed Basis" reflects interest rates, fees, and charges that are equal to or more conservative than what the company is currently crediting and charging. This illustration is intended to assist you in understanding how the contract works, not to predict actual performance. Actual results are likely to be different from, and may be more or less favorable than, those shown in this illustration. Supplemental illustrations and quotations which demonstrate various available contract options and possible uses of the contract may also be provided to you.

This illustration assumes that the currently illustrated non-guaranteed elements used will not change for all years shown. This is **not** likely to occur, and actual results may be more or less favorable than those shown.

Contract Premium Annualized premiums are the sum of the periodic payments specified in the contract for each year. The premium payment that you make for this contract is fixed.

This illustration is based on the contract premium. Premiums are assumed to be received in advance of any payment period.

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TRANSAMERICA LIFE INSURANCE COMPANY

Trans\$ure – Interest Sensitive Whole Insurance Illustration Narrative Summary

John Doe	Planned Annual Premium:	\$936.00
Male Age 35 Non-Tobacco	Initial Face Amount:	\$50,000
Riders: TI, WP, WPL, ADD, CTR, LTC, EXT, CCR, LTR		
Contract A123456789		

Death Benefit The death benefit is the amount paid out upon the death of the insured. The death benefit may differ from the face amount for the following reasons: (1) The death benefit must exceed the accumulation value by a certain amount to qualify as life insurance under IRC Section 7702, (2) The death benefit paid is always reduced by the amount of any loans.

Face Amount Changes The flexible nature of the death benefit allows you to tailor your contract to fit your future insurance needs. You can accomplish this by requesting an increase in the face amount. Evidence of insurability may be required for any applied for increase in face amount.

Accumulation Value The accumulation value is the sum of the premiums paid less contract fees and charges less any charges for additional benefits provided by riders, plus interest.

Guaranteed Cash Value The guaranteed cash values are calculated by the Standard Nonforfeiture Value Method using the minimum nonforfeiture interest rate and mortality table basis described in the contract.

Cash Value The Cash Value will be equal to the greater of the Guaranteed Cash Value or the Accumulation Value less the applicable Surrender Charge.

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TRANSAMERICA LIFE INSURANCE COMPANY

Trans\$ure – Interest Sensitive Whole Insurance Illustration Narrative Summary

John Doe	Planned Annual Premium:	\$936.00
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Riders: TI, WP, WPL, ADD, CTR, LTC, EXT, CCR, LTR		
Contract A123456789		

Rider Description(s)

Riders provide additional benefits and increase the monthly deduction. Additional deductions will decrease the contract value unless higher premiums are paid. Periodically, you should review any riders to see if they continue to meet your needs. The following riders are included in this illustration.

TI	Accelerated Death Benefit for Terminal Illness Rider (Form CRABTI00): This rider provides the owner an option to accelerate up to 75% of the death benefit or \$150,000, whichever is less, if the insured is diagnosed and certified by a physician as having a terminal illness while covered under this rider. Terminal illness means an illness that, in the best medical judgment of a physician, will result in death within 12 months. There is no additional cost for this rider until this option is exercised. This rider will only terminate on the earlier of the date we pay an accelerated death benefit for all persons Insured under the contract or the date the contract stops.
WPL Stop Year: 25	Waiver of Premium Due to Layoff Rider (Form CRULWT00): This rider waives the contract premium if the owner is placed on layoff status by his or her employer, subject to contract provisions. The owner must be employed on a full-time basis at the time of layoff and be out of work as a result of being involuntarily terminated by the employer due to a reduction of workforce or a reorganization. We limit the number of layoffs covered in any one year to three, and the maximum number of monthly deductions waived in any one year is limited to six. There is a minimal cost for this rider shown on the certificate's Contract Data Pages. This rider generally terminates on the rider anniversary on or following the insured's 60th birthday, unless the owner is totally disabled prior to that date. See the rider for other conditions that can result in termination.
WP Stop Year: 25	Waiver of Premium Rider (Form CRDWMD00): This rider helps protect against the loss of coverage due to disability. It waives each contract premium after you have been totally disabled for a six-month period for as long as the disability lasts. Your disability must begin before you are age 60 or coverage (under this rider) terminates.
ADD \$50,000 Stop Year: 35	Accidental Death and Dismemberment Rider (Form CRADD200): This rider provides an additional death benefit if the insured's cause of death is accidental. The benefit amount is the same as the face amount of the contract, up to a maximum coverage amount of \$150,000. It terminates on the contract anniversary on or following the insured's 70th birthday.

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TRANSAMERICA LIFE INSURANCE COMPANY

Trans\$ure – Interest Sensitive Whole Insurance Illustration Narrative Summary

John Doe	Planned Annual Premium:	\$936.00
Male Age 35 Non-Tobacco	Initial Face Amount:	\$50,000
Riders: TI, WP, WPL, ADD, CTR, LTC, EXT, CCR, LTR		
Contract A123456789		

CTR \$5,000

Child Level Term Insurance Rider (Form CRCHIL00): This rider can provide term life coverage for eligible children. Coverage is available to children 15 days through 17 years old, and can continue through the child's 24th birthday. At the time of coverage termination, he or she has 31 days to convert coverage to an individual contract for up to five times the amount of coverage, without evidence of insurability.

CCR

Accelerated Death Benefit for Critical Care Condition Rider (Form CRABCC00): This rider allows a partial early payout of the life insurance death benefit when the insured is diagnosed with a specified critical care condition for the first time after a waiting period. When benefits are paid, the contract death benefit and cash accumulation value are reduced proportionately to reflect the new face amount. Benefits are subject to an administrative expense charge. Refer to the contract for complete details on this rider, including covered conditions, eligibility for benefits, charges, exclusions and how this benefit affects the insured's death benefit and values. This rider terminates on the date an accelerated death benefit is paid.

This rider is limited to the lesser of 50% of the death benefit or \$100,000.

LTC

Accelerated Death Benefit for Long Term Care Rider (Form CRABLT00): Generally, this coverage allows the insured to receive 6% of the face amount of the accelerated death benefit for long term care rider per month up to 17 months if the insured is confined in a licensed nursing or assisted living facility or 4% per month up to 25 months if the insured receives home health care or adult day care services. When benefits are paid, the contract death benefit and cash accumulation value are reduced proportionately to reflect the new face amount. Benefits are subject to an elimination period, along with an administrative expense charge for each payment. Refer to the contract for complete details on this rider, including eligibility for benefits, charges, exclusions and how this benefit affects the insured's death benefit and values. This rider terminates on the date the cumulative payments equal 100% of the face amount of this rider.

EXT

Extension of Benefits for LTC (Form CREXTB00): This rider allows the insured to have benefits extended when the entire face amount of the accelerated death benefit for long term care rider has been paid under the Accelerated Death Benefit for Long Term Care Rider and the insured continues to satisfy the conditions on eligibility of payment of rider benefits under the Accelerated Death Benefit for Long Term Care Rider. Refer to the contract for complete details on this rider, including eligibility for benefits, charges, exclusions and how contract changes may affect rider benefits.

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TRANSAMERICA LIFE INSURANCE COMPANY

Trans\$ure – Interest Sensitive Whole Insurance Illustration Narrative Summary

John Doe	Planned Annual Premium:	\$936.00
Male Age 35 Non-Tobacco	Initial Face Amount:	\$50,000
Riders: TI, WP, WPL, ADD, CTR, LTC, EXT, CCR, LTR		
Contract A123456789		

LTR

Level Term Insurance Rider (Form CRISLT00): This rider provides level term insurance covering an insured and/or spouse for the specified period of time and benefit amount.

Proposed Covered Insured					
Name	Age	Sex	Rate Class	Benefit Amount	Termination Year
John Doe	35	Male	Non-Tobacco	\$25,000	10
Jane Doe	35	Female	Tobacco	\$20,000	20

Explanation of Column Headings

“Guaranteed Assumptions” illustrate the Guaranteed Cash Values which meet or exceed the minimum required cash values whose calculation is described in the contract.

“Current Assumptions” illustrate the Cash Values assuming that the Accumulation Value is calculated using non-guaranteed fees and other contract charges and the illustrated interest rate remains in effect for the duration of the contract. The interest rate currently being credited on new money on this product is given in the illustration. It is subject to change at any time. The company may declare a higher or lower rate, but it will never be less than the guaranteed rate of 4%. Fees and other contract charges are subject to change, but can never exceed the maximums guaranteed in the contract. When this illustration shows non-guaranteed values at the illustrated interest rate in the form of accumulation values, cash values or death benefits, this illustration assumes that the non-guaranteed illustrated elements will continue unchanged for all years shown. This is not likely to occur over a lifetime and actual results may be more or less favorable than those shown, but will not be less than values illustrated as guaranteed.

“Midpoint Assumptions” illustrate the values that are the greater of the Guaranteed Cash Values and Accumulation Values less any applicable surrender charge, where the Accumulation Value is the one that would result assuming interest rates and fees and charges that are the average of the current and guaranteed rates. These assumptions are not guaranteed.

“Cash Surrender Value” is the CashValue less any outstanding loan balance. It is the amount you would receive if you were to surrender the contract.

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TRANSAMERICA LIFE INSURANCE COMPANY

TransSure – Interest Sensitive Whole Life Insurance Illustration Numeric Summary

John Doe	Planned Annual Premium:	\$936.00
Male Age 35 Non-Tobacco	Initial Face Amount:	\$50,000
Riders: TI, WP, WPL, ADD, CTR, LTC, EXT, CCR, LTR		
Contract A123456789		

Year	Cumulative Premium	-----Guaranteed-----		-----Non-Guaranteed Assumptions -----			
		-----Assumptions-----		-----Midpoint-----		-----Current-----	
		Cash Value	Death Benefit	Cash Value	Death Benefit	Cash Value	Death Benefit
5	\$5,459	\$0	\$119,143	\$0	\$119,143	\$0	\$119,143
10	\$11,438	\$535	\$123,304	\$1,384	\$123,304	\$1,765	\$123,304
20	\$23,396	\$5,500	\$73,304	\$6,430	\$73,304	\$8,893	\$73,304
Age 70	\$41,073	\$16,921	\$73,304	\$19,657	\$73,304	\$29,599	\$73,304
Coverage To Year:		51		52		Maturity	

The Guaranteed columns show values and benefits provided which meet or exceed the minimum required. The calculation along with the table of guaranteed cash values are provided in the contract.

The Midpoint columns assume an interest rate of 4.00% which is midway between the guaranteed and current rate and an average of current and guaranteed fees and charges.

The Current columns assume an interest rate of 4.00% and current contract fees and charges will remain in effect. Fees and charges represent costs associated with providing this coverage such as cost of insurance, expenses and taxes. Current fees and charges are guaranteed only to the extent described in the contract. Thereafter, these can change but may never exceed the guaranteed maximum rates shown in the contract.

Projections of future cash values, accumulation values, and death benefits are subject to change if current rates or charges change.

This illustration assumes that the non-guaranteed elements currently illustrated will continue unchanged for all years shown. This is not likely to occur and actual results may be more or less favorable.

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The sales representative, if applicable, has told me they are not guaranteed.

Applicant or Owner

Date

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no representations that are inconsistent with the illustration.

Authorized Sales Representative

Date

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TRANSAMERICA LIFE INSURANCE COMPANY

Trans\$ure – Interest Sensitive Whole Life Insurance Illustration Tabular Detail

John Doe
Male Age 35 Non-Tobacco
Riders: TI, WP, WPL, ADD, CTR, LTC, EXT, CCR, LTR
Contract A123456789

Planned Annual Premium: \$936.00
Initial Face Amount: \$50,000

Age	Year	Contract Premium	Cumulative Premium	Guaranteed Basis Guaranteed Interest of 4.00%		Non-Guaranteed Basis Current Interest of 4.00%	
				End of Year		End of Year	
				Cash Surrender Value	Net Death Benefit	Cash Surrender Value	Net Death Benefit
36	1	936	936	0	100,000	0	100,000
37	2	988	1,924	0	105,154	0	105,154
38	3	1,040	2,964	0	110,068	0	110,068
39	4	1,092	4,056	0	114,714	0	114,714
40	5	1,144	5,200	0	119,143	0	119,143
41	6	1,196	6,395	0	123,304	72	123,304
42	7	1,196	7,591	0	123,304	475	123,304
43	8	1,196	8,787	0	123,304	892	123,304
44	9	1,196	9,983	245	123,304	1,322	123,304
45	10	1,196	11,179	535	123,304	1,765	123,304
46	11	1,196	12,374	987	73,304	2,368	73,304
47	12	1,196	13,570	1,438	73,304	2,982	73,304
48	13	1,196	14,766	1,942	73,304	3,662	73,304
49	14	1,196	15,962	2,599	73,304	4,508	73,304
50	15	1,196	17,158	3,280	73,304	5,394	73,304
51	16	1,196	18,353	3,748	73,304	6,083	73,304
52	17	1,196	19,549	4,210	73,304	6,782	73,304
53	18	1,196	20,745	4,663	73,304	7,490	73,304
54	19	1,196	21,941	5,099	73,304	8,199	73,304
55	20	1,196	23,137	5,500	73,304	8,893	73,304
56	21	1,196	24,332	6,334	73,304	10,007	73,304
57	22	1,196	25,528	7,169	73,304	11,152	73,304
58	23	1,196	26,724	8,006	73,304	12,331	73,304
59	24	1,196	27,920	8,845	73,304	13,546	73,304
60	25	1,196	29,116	9,696	73,304	14,814	73,304
61	26	1,196	30,311	10,569	73,304	16,146	73,304
62	27	1,196	31,507	11,425	73,304	17,509	73,304
63	28	1,196	32,703	12,255	73,304	18,901	73,304
64	29	1,196	33,899	13,054	73,304	20,321	73,304
65	30	1,196	35,095	13,816	73,304	21,772	73,304
66	31	1,196	36,290	14,538	73,304	23,256	73,304

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TRANSAMERICA LIFE INSURANCE COMPANY

TransSure – Interest Sensitive Whole Life Insurance Illustration Tabular Detail

John Doe	Planned Annual Premium:	\$936.00
Male Age 35 Non-Tobacco	Initial Face Amount:	\$50,000
Riders: TI, WP, WPL, ADD, CTR, LTC, EXT, CCR, LTR		
Contract A123456789		

Age	Year	Contract Premium	Cumulative Premium	Guaranteed Basis Guaranteed Interest of 4.00% End of Year		Non-Guaranteed Basis Current Interest of 4.00% End of Year	
				Cash Surrender Value	Death Benefit	Cash Surrender Value	Death Benefit
67	32	1,196	37,486	15,216	73,304	24,778	73,304
68	33	1,196	38,682	15,845	73,304	26,341	73,304
69	34	1,196	39,878	16,417	73,304	27,947	73,304
70	35	1,196	41,074	16,921	73,304	29,599	73,304
71	36	1,196	42,269	17,386	73,304	31,338	73,304
72	37	1,196	43,465	17,741	73,304	33,116	73,304
73	38	1,196	44,661	17,964	73,304	34,932	73,304
74	39	1,196	45,857	18,039	73,304	36,792	73,304
75	40	1,196	47,053	17,951	73,304	38,702	73,304
76	41	1,196	48,248	17,677	73,304	40,669	73,304
77	42	1,196	49,444	17,188	73,304	42,698	73,304
78	43	1,196	50,640	16,445	73,304	44,793	73,304
79	44	1,196	51,836	15,402	73,304	46,962	73,304
80	45	1,196	53,032	14,017	73,304	49,218	73,304
81	46	1,196	54,227	12,238	73,304	51,579	73,304
82	47	1,196	55,423	10,014	73,304	54,073	73,304
83	48	1,196	56,619	7,308	73,304	56,718	74,867
84	49	1,196	57,815	4,068	73,304	59,439	77,270
85	50	1,196	59,011	229	73,304	62,201	79,617
86	51	1,196	60,206	0	0	65,011	81,914
87	52	1,196	61,402	0	0	67,876	84,166
88	53	1,196	62,598	0	0	70,730	86,998
89	54	1,196	63,794	0	0	73,660	89,129
90	55	1,196	64,990	0	0	76,597	91,917
91	56	1,196	66,185	0	0	79,568	94,686
92	57	1,196	67,381	0	0	82,718	96,780
93	58	1,196	68,577	0	0	85,937	99,687
94	59	1,196	69,773	0	0	89,222	102,605
95	60	1,196	70,969	0	0	92,575	105,536
96	61	1,196	72,164	0	0	96,207	107,752

This is an illustration only, not an offer, contract, or promise of future contract performance. Coverage is subject to the terms and conditions of the contract. This illustration is not valid without all 11 pages.



TRANSAMERICA LIFE INSURANCE COMPANY

Trans\$ure – Interest Sensitive Whole Life Insurance Illustration Tabular Detail

John Doe	Planned Annual Premium:	\$936.00
Male Age 35 Non-Tobacco	Initial Face Amount:	\$50,000
Riders: TI, WP, WPL, ADD, CTR, LTC, EXT, CCR, LTR		
Contract A123456789		

Age	Year	Contract Premium	Cumulative Premium	Guaranteed Basis		Non-Guaranteed Basis	
				Guaranteed Interest of 4.00%		Current Interest of 4.00%	
				End of Year		End of Year	
				Cash Surrender Value	Death Benefit	Cash Surrender Value	Death Benefit
97	62	1,196	73,360	0	0	99,986	110,984
98	63	1,196	74,556	0	0	104,209	113,587
99	64	1,196	75,752	0	0	108,990	116,619
100	65	1,196	76,948	0	0	114,700	119,288

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TRANSAMERICA LIFE INSURANCE COMPANY

Trans\$ure – Interest Sensitive Life Insurance Illustration Supplemental Footnotes

John Doe	Planned Annual Premium:	\$936.00
Male Age 35 Non-Tobacco	Initial Face Amount:	\$50,000
Riders: TI, WP, WPL, ADD, CTR, LTC, EXT, CCR, LTR		
Contract A123456789		

Life Insurance Cost Information

	Net Payment Cost Index		Surrender Cost Index	
	Guaranteed	Non-Guaranteed	Guaranteed	Non-Guaranteed
Year 10	16.51	16.51	15.89	14.47
Year 20	16.28	16.28	13.97	12.54

Projected annual cost indices are based upon assumed interest and current cost of insurance rates and are not guaranteed. An explanation of the intended use of these cost indices shown above may be found in the Life Insurance Buyer's Guide.

In order to receive favorable federal tax treatment on distributions made during the lifetime of the insured (including loans), premium payments under a life insurance contract must not exceed a 7-Pay Premium limitation during the first seven years. A new 7-year limitation will be imposed after certain material contract changes. The new limitation will be based on actual accumulation values at the time of the change and may be different than illustrated. Failure to comply with this limitation would cause your contract to be considered a Modified Endowment Contract (MEC). Distributions under a MEC are taxable to the extent there is a gain in the contract. In addition, with certain exceptions, there is a non-deductible penalty tax equal to 10% of the taxable distribution, if a contract distribution is made before age 59 1/2. In any case, a gain in the contract is taxable upon full surrender of the contract.

7PAY Premium: \$2,702.00

The contract, as illustrated, complies with the definition of life insurance in IRC Sec. 7702. The tax status of this contract as it applies to the contract owner should be reviewed each year. This illustration is not to be relied on for tax advice. Your personal legal and tax advisors should always be consulted. The tax treatment of life insurance under federal tax law is subject to change.

To maintain favorable tax treatment under the Internal Revenue Code, a life insurance contract must satisfy certain premium limitations. Failure to satisfy one of these limitations may cause partial distributions, such as partial surrenders and loans, to be taxable and may subject such partial distributions to a 10% penalty.

To the best of our knowledge, this illustration complies with the IRC premium limitation rules. Certain changes to the contract may alter the premium limitation and could cause the contract to lose favorable tax status. We will check premiums paid and contact you if any adjustment is needed.

This is an illustration only, not an offer, contract, or promise of future contract performance. Coverage is subject to the terms and conditions of the contract. This illustration is not valid without all 11 pages.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

GROUP INTEREST SENSITIVE WHOLE LIFE INSURANCE

EXPLANATION OF VARIABLES

FOR FORMS: CPWL0100; CCWL0100; CRADD200; CRWPL100; and CWL-AP-01-00

Text that is intended to be variable is bracketed. Bracketed text is either intended to be: (1) in or out of the contract; or (2) have variable ranges. Each variable bracketed text is described below. No change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your State. In addition, no change in variability will be made which in any way expands the scope of the wording being changed. Transamerica Life Insurance Company ("Company") reserves the right to correct at any time any and all typographical errors that do not impact benefits or intent of language.

Ranges for Policy/Certificate:

Issue Ages – Adult Contracts:

Ages 16 to 85

Child Contracts:

Ages 0 to 30

Minimum to Maximum Issue Face Amount:

\$5,000 - \$10,000,000

Child Contracts:

\$5,000 - \$100,000 (depending on state law)

CPWL0100 – Group Policy - Variations

Face Page

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Group Master Policyholder name, address, Policy Number, Effective Date, and Anniversary Date will be case specific.
3. The Governing Jurisdiction will be case specific depending on where the policy is issued.
4. Minimum Participation Requirements may be part of the Policy, depending on group size.
5. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
6. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.
7. Administrative Office Address – The address is bracketed to take into consideration any future changes.
8. Customer Service Toll Free Number – The toll free number is bracketed to take into consideration any future changes to the telephone number.

Insurance Schedule

Pages 3 and 4 - The entire Insurance Schedule is variable to the extent that it will be customized for the group policyholder's requirements.

Eligibility Requirements

Page 3 – This page sets out any policyholder eligibility requirements for employees/members, and, if coverage is available, the requirements for spouses and dependent children.

Evidence of Insurability

Page 4 – This page sets forth the Evidence of Insurability requirements, if any, based on group size, type of underwriting and level of benefits.

Effective Date of Coverage

Page 4 – This page also sets out the effective dates of coverage for both the policy and any individual certificates. Effective Dates are variable based on the criteria in this section of the Insurance Schedule.

Issue Limits

Page 4 – This page also contains a table of Issue limits and amounts that are based on the three types of underwriting: guaranteed issue, conditional guaranteed issue, and simplified issue. This table will be populated with case specific information at the time the master policy is issued. Benefits may be increased beyond the given ranges if current pricing assumptions are unaffected by such increases. In no case will any illustrated lowest benefit amount be lowered. Where indicated, percentages are bracketed, with the current benefit percentage to be marketed indicated. For certificates already in force, percentages paid may be increased, but will never be less than amount shown.

CCWL0100 – Group Certificate - Variations

Face Page

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
3. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.
4. Administrative Office Address – The address is bracketed to take into consideration any future changes.
5. Customer Service Toll Free Number – The toll free number is bracketed to take into consideration any future changes to the telephone number.

Contract Data Pages (Pages 3, 4, 6 through 17)

Page 3 - Case-specific Information and Charges/Fees Listed

6. Insured – Case specific at time of issue.
7. Contract Number – Case specific at time of issue.
8. Face Amount – Case specific; amount selected by owner.
9. Premium Payment – Case specific based on face amount.
10. Insured Issue Age – Case specific at time of issue.
11. Payable To – Case specific at time of issue.
12. Effective Date – Case specific at time of issue.
13. Owner – Case specific at time of issue.
14. Class of Risk – Case specific; will either be Tobacco, Nontobacco, or Composite.
15. Maturity Date – Case specific at time of issue. Maturity Date is the Certificate anniversary when the Insured attains age 100.
16. Guaranteed Maximum Monthly Administrative Fee - The dollar amount of the administrative fees and the period for which they are charged vary by issue age and class of risk. Once issued, the Guaranteed Maximum Monthly Administrative Fee will not be changed on in force certificates.
17. Guaranteed Minimum Interest Rate for Accumulation Value ranges from 0.25% to 15%. The Guaranteed Minimum Interest Rate for Accumulation Value will not be changed on in force certificates.
18. Guaranteed Cost of Insurance Rates are based on the 2001 CSO Gender Blended (80%) Male, Age Last Birthday, Ultimate, [Smoker] Mortality Tables – The table used is determined by Class of Risk.
19. Reinstatement Premium ranges from 0.25% to 15% for the annual compound interest per Contract Year.
20. Accumulation Value upon Reinstatement ranges from 0.25% to 15% for the current interest rate.
21. Interest Rate on Accumulation Value Securing Loans ranges from 0% to 8% for the effective annual interest rate.
22. Loan Interest Rate ranges from 0% to 8%.

Page 4 - Additional Riders

23. CRADD100, ACCIDENTAL DEATH AND DISMEMBERMENT RIDER - Optional rider information; will either be in or out. Accidental Death Amount – Any bracketed material will be case specific when rider is part of the issued coverage.
24. CRADD200, ACCIDENTAL DEATH AND DISMEMBERMENT RIDER – Optional rider information, will either be in or out. Accidental Death Amount – Any bracketed material will be case specific when rider is part of the issued coverage. Additional benefits are payable for Seatbelt (range from 1%–20% of Accidental Death Benefit), Air Bag (1%-20% of Accidental Death Benefit), and Common Carrier (10%-300% of Accidental Death Benefit).
25. CRISLT00, LEVEL TERM INSURANCE RIDER - Optional rider information, will either be in or out. Any bracketed material will be case specific when rider is part of the issued coverage.
26. CRISLT00, LEVEL TERM INSURANCE RIDER - Optional rider information, will either be in or out depending on selection by the Insured for the Spouse. Any bracketed material will be case specific when rider is part of the issued coverage.

27. CRCHIL00, CHILD LEVEL TERM INSURANCE RIDER - Optional rider information, will either be in or out depending on selection by the Insured. Any bracketed material will be case specific when rider is part of the issued coverage.
28. CRWP0100, WAIVER OF PREMIUM BENEFIT RIDER - Optional rider information, will either be in or out. Any bracketed material will be case specific when rider is part of the issued coverage.
29. CRWPL100, WAIVER OF PREMIUM DUE TO LAYOFF RIDER – Optional rider information, will either be in or out. Any bracketed material will be case specific when rider is part of issued coverage.
30. CRBUCK00, AUTOMATIC FACE AMOUNT INCREASE RIDER - Optional rider information, will either be in or out. Any bracketed material will be case specific when rider is part of the issued coverage.
31. CRABLT00, ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER - Optional rider information, will either be in or out. Any bracketed material will be case specific at time Certificate is issued.
32. CREXTB00, EXTENSION OF BENEFIT RIDER - Optional rider information, will either be in or out. Any bracketed material will be case specific at time Certificate is issued.
33. CRABTI00, ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER - Optional rider; however, rider will normally be issued as integral part of any policy/certificate issued. Any bracketed material will be case specific when rider is part of the issued coverage.
34. CRABCC00, ACCELERATED DEATH BENEFIT FOR CRITICAL CARE CONDITION RIDER - Optional rider information, will either be in or out. Any bracketed material will be case specific when rider is part of the issued coverage.

Page 6 - Table of Guaranteed Contract Value

35. Numeric values for guaranteed cash value, extended term insurance, and reduced paid up insurance at the end of the Contract Year will vary based on the Insured's issue age, face amount, and class of risk. The 2001 CSO Tables are Class of Risk-specific.

Rider Variations:

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address – The address is bracketed to take into consideration any future changes.
3. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
4. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.

CRADD200 - Accidental Death and Dismemberment Rider – Variations

Maximum Benefit Amount:	\$10,000 to \$500,000
Issue Ages:	0 to 85
All occurrences of Dismemberment:	90 days to 5 years following date of accidental injury
Injury must occur on or before the Contract Anniversary following [70 th] Birthday:	50 th to 90 th
Dependent Child age range:	Birth through age 35
Elder age range:	50 to 80
Expiry age range:	50 to 90
Dismemberment Benefit:	
[Lesser of applicable Death Benefit or \$100,000]	\$25,000 to \$300,000
[Lesser of xx% of applicable Death Benefit or \$100,000]	Lesser of 5% to 100% of applicable Death Benefit or \$25,000 to \$300,000

CRWPL100 - Waiver of Premium Due to Layoff Rider – Variations

Rider will permit up to [3] incidences of layoff: variable from 1 to 12 incidences.
The limit in number of monthly premiums we will waive in any one year: variable from 1 to 12.

CWL-AP-01-00 - Application – Variations

This form is a print on demand form.

1. Home Office Address- The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address – The address is bracketed to take into consideration any future address changes.
3. The reference to [Logo] is bracketed to indicate the location of the Company's logo.

4. The title of the application is bracketed so that it can be customized for the employees/members of an employer, a labor union, or a trade association solicitation. Application is used in a Worksite Marketing Solicitation. The title may be customized to read "Interest Sensitive Whole Life Insurance (ISWL) Application."
5. All "Joe Doe" applicant information has been bracketed.
6. Page 1 – The response portion of any statement or question requiring a direct response from an applicant is bracketed. This is to permit the application to be used as part of our electronic/internet application process. When used as part of the electronic process, the answers are populated with the applicant's selection instead of a "tick box."

Page 2 – The response portion of any statement or question on Page 2 of the application that requires a direct response from either the applicant or the agent is bracketed. Any response areas on Page 2 are bracketed for use as part of our electronic/internet application process.

When the application is used in an internet or electronic enrollment, no substantive changes will be made to the format and no changes will be made to the actual application language. For the applicant's signature, a PIN or other electronic signature will be required to be captured two times: (1) Applicant's Statements and Agreements; and (2) Representation of Applicant. A PDF of the application must be submitted to the Administrative Office and must include a checkmark on the Applicant's initials line followed on the right by the notation "Signature by PIN."

7. All questions – "Provide Details" and the detail box are bracketed to be included or removed. Our current underwriting is accept/reject based on the answers provided, so we do not ask for details. We would like to keep the option of asking for details and underwriting if losses prove to be more than expected.
8. All references to Spouse and Children are bracketed to be included or removed. Some of our groups only allow us to market to their employees or members but not their spouses, so we need the ability to remove these references to accommodate these groups.
9. The Term Riders are bracketed to be included or removed based on group selection.
10. The Face Amount column is bracketed to be removed for sales where the applicant chooses a premium amount to purchase instead of a face amount to purchase.
11. The Premium per Mode is bracketed to be changed to Money Purchase Amount per Mode for sales where the applicant chooses a premium amount to purchase instead of a face amount to purchase.
12. The Increase footnote is bracketed to be replaced with "For increases, list the total Money Purchase amount."
13. The replacement questions are bracketed to be included or removed if the application is customized for a specific state. Additionally, the list of states is bracketed to update as new states adopt the new model regulation for life replacements.
14. The accelerated death benefit disclosure question and riders are bracketed to be included or removed based on group selection.